



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 07 2016

Ms. Natalie Romano, Executive Director
Brookdale Senior Living Communities, Inc.
160 Elephant Road
Dublin, Pennsylvania 18917

RE: Brookdale Dublin
License #: 127350

Dear Ms. Romano:

As a result of the Department of Human Services' annual licensing inspection on July 26, 2016 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 12735 - 07/26/2016 - Gofon, Lisselle
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 65 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care staff person A, in training year 2015, did not include the Medication Self-Administration training.

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 2600.65(f)

On August 5, 2016 the Medication Technicians, LPN's and other appropriate staff were retrained on the Self-Administration of Medication policy as scheduled in the annual training plan for August 2016. The Executive Director or designee will monitor monthly in-services to assure they follow the planned schedule. Documentation of each staff persons training will occur according to community policy to monitor for compliance and determine if further action is required. The Executive Director will direct additional actions based on findings.

Evidence- Staff training attendance log, 2016 Training Schedule

Completion Date: August 5, 2016

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

Signature of Legal Entity Representative (Required on EVERY Page) *Natalie M Pomano*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Natalie M. Pomano Executive Director* Date *8-23-16*

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

The above plan of correction is approved as of <i>8/24/16</i> (Date)	Plan of correction implementation status as of <i>8/24/16</i> (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

Violation Report: 12735 - 07/26/2016 - Colon, Lissette
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 7/26/16, at 2:40pm, the entire kitchen floor was sticky and discolored. There were also several pieces of onion peels and food particles on the floor.

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 2600.88 (a)

Day of survey the kitchen floor was cleaned according to community policy and the food particles were discarded. The Executive Director in-serviced the appropriate dining staff on the Cleaning Task List and cleaning techniques August 17, 2016. The Dining Services Coordinator or designee will audit the kitchen area for cleanliness weekly and submit results to the Executive Director to review for 3 months. The findings will be reviewed for compliance and to determine if any further action is warranted based on the findings.

Evidence- Staff training attendance log, Cleaning Task List

Completion Date: August 17, 2016

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

Signature of Legal Entity Representative (Required on EVERY Page) *Natalie M Romano*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Natalie M Romano Executive Director* Date *8-23-16*

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

The above plan of correction is approved as of *8/24/16*
 (Date)

Plan of correction implementation status as of *8/24/16*
 (Date)

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

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

Violation Report: 12735 - 07/26/2016 - Colon, Lissette
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 55 Pa.Code §2600.
 2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

2a. DESCRIPTION OF VIOLATION

On 7/26/16, the kitchen refrigerator doors were sticky and stained with a liquid substance.

On 7/26/16, the kitchen microwave walls of the oven were unclean inside and out with a brown substance. The main oven located near the entrance of the kitchen, was also stained on both sides with grease build-up and food particles.

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 2600.103 (b)

The kitchen microwave oven and main oven were cleaned according to community policy day of survey. Re-training to the appropriate staff on the community policy for use of the Cleaning Check List and community policy on cleaning processes was presented by the Executive Director on August 17, 2016. The Dining Services Coordinator or designee will make routine inspections on all kitchen areas to monitor for compliance. The Executive Director or designee will review audit findings for 3 months to determine compliance and to verify if any further action is warranted.

Evidence: Re-training attendance sheets, Cleaning Task List

Completion Date: August 17, 2016

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Natalie M Romano</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Natalie M Romano Executive Director</i>		<i>8-23-16</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of	<i>8/24/16</i> (Date)	Plan of correction implementation status as of	<i>8/24/16</i> (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	
The above plan of correction was approved by	<i>GRB</i> (Initials)		

Violation Report: 12735 - 07/26/2016 - Colon, Lissette
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

At 2:45pm, there was a leftover plate of lunch for a resident on the kitchen counter.

The following frozen food items were in a zip lock bag in the kitchen freezer not dated or labeled:

- Hot dogs
- Chicken wings
- Chicken pieces
- Sausages

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 2600.103 (e)

The leftover plate from lunch was removed from the counter and put in the dishwasher. The unlabeled and undated hot dogs, chicken wings, chicken pieces and sausages found in the freezer were discarded July 26, 2016 by the Dining Services Coordinator. Appropriate dining and management staff were retrained in dating and labeling of leftover food by the Dining Services Coordinator on August 17, 2016. Dining Services Coordinator or designee will perform daily audits of food stored in the freezer to verify they are properly dated and labeled if open for one month then weekly thereafter. Executive Director or designee will monitor-audit results weekly for 8 weeks to identify if any further action is warranted

Evidence: Training Attendance sheet

Completion Date: August 30, 2016.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Natalie M Romano*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Natalie M Romano Executive Director* Date *8/23/16*

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

The above plan of correction is approved as of *8/24/16*
 (Date)

Plan of correction implementation status as of *8/24/16*
 (Date)

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

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

Violation Report: 12735 - 07/26/2016 - Colon, IJeselle
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 65 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 6/28/16, does not include the time of the drill.

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 2600.132 (c)

The appropriate staff were retrained in documentation requirements for fire drills by the Executive Director on August 17, 2016. The time of the drill was documented appropriately on the DHS form, however, was missing the time on the internal document. The Maintenance Manager or designee will ensure that all times are noted on each fire drill record and indicate whether they were in the morning or evening. Executive Director or designee will review fire drill reports monthly for 6 months to monitor compliance and determine if further action is required.

Evidence: Attendance In-service sheet

Completion Date: August 17, 2016

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

Signature of Legal Entity Representative (Required on EVERY Page) *Natalie M Romano*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Natalie M Romano Executive Director* Date *8-23-16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *[Signature]* (Date)

Plan of correction implementation status as of *[Signature]* (Date)

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

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

Violation Report: 12735 - 07/26/2016 - Colon, Lisselle
 PGH Name: BROOKDALE DUBLIN

1. REGULATION 85 Pa.Code §2600
 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
 (1) Identify the correct resident.
 (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
 (3) Remove the medication from the original container.
 (4) Crush or split the medication as ordered by the prescriber.
 (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
 (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
 (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION
 On the following dates, resident # 1 had extra glucometer readings that were not found on the medication administration record,
 - 7/21/16 at 6:45pm - 414
 - 7/24/16 at 7:40am - 57
 - 7/24/16 at 10:58am - 352

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 2600.182 (c)

On July 29 2016 the Health and Wellness Director retrained the Medication Technicians and LPN's on the community policy regarding documentation of glucometer readings as well as how to document when a questionable number is gotten and the resident is rechecked. The Health and Wellness Director or designee will audit the Medication Administration Records on a monthly basis to assure compliance. The Health and Wellness Director will review audit results to verify if further action is warranted.

Evidence: Attendance in-service sheet
 Completion Date: July 29, 2016

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Natalie M Romano*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Natalie M Romano Executive Director* Date *8-23-16*

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

The above plan of correction is approved as of <i>[Signature]</i> Date: <i>[Date]</i>	Plan of correction implementation status as of <i>[Signature]</i> Date: <i>[Date]</i>
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