



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 1 6 2017

Ms. Anna Muñoz,
Assistant Secretary
Brookdale Senior Living Communities, Inc.
111 Westwood Place, Suite 400
Brentwood, Tennessee 37027

RE: Brookdale Northampton
65 Richboro-Newtown Road
Richboro, Pennsylvania 18974
License #: 127140

Dear Ms. Muñoz:

As a result of the Department of Human Services' annual licensing inspections on June 28, 2017 and June 29, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: BROOKDALE NORTHAMPTON		License Number: 12714
Address: 65 RICHBORO NEWTOWN ROAD, RICHBORO, PA 18954		County: Bucks
Administrator: Kevin Caruso		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 C-2 LP 04/23/1993 PA DEPT OF LABOR & INDUSTRY		
Staffing Hours		
Resident Support:	Total Daily Staff: 123	Working Staff: 92
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/28/2017: Braswell, Natasha; Gray, Dean 06/29/2017: Braswell, Natasha; Gray, Dean		
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: 91 Secured Dementia Care Unit In Home: Yes Area: Secured Dementia Unit Capacity, If Applicable: 23 Number of Residents Served In Secured Dementia Care Unit, If applicable: 20 Number of Current Hospice Residents: 3 Number of Hospice Residents In past year: 9		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 91 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 32 Have a Physical Disability: 0

Kevin Caruso, Executive Director 8/25/17

Violation Report: 12714 - 06/28/2017 - Braswell, Natasha
 PGH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 Pa.Code §2000
 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, 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.

Please see attached plan of correction

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) *Kevin Conroy, Executive Director* Date *8/25/17*

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

The above plan of correction is approved as of <i>8/29/17</i> (Date)	Plan of correction implementation status as of <i>8/30/17</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

Brookdale Northampton

Plan of Correction

The following is the Plan of Correction for Brookdale Northampton regarding the Statement of Deficiency dated August 16, 2017 for the Renewal on June 28, 2017 and June 29, 2017. This Plan of Correction is not to a 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 2600.54(a)

Immediately, the Executive Director retrained the Business Office Manager on the community policy regarding new staff qualifications and required documents. The Business Office Manager audited all current employee files for compliance with the community policy on documentation of high school diploma, GED or active registration in the Pennsylvania Aide Registry. A checklist has been established for use with all new hires by the Business Office Manager to assure all required documents are in the Human Resource file prior to start date. The Executive Director will review all new hire paperwork for two months to verify compliance and identify if any further action is warranted.

Evidence: training attendance log, copy of the diploma that was not present in the associate's file at the time of inspection, copy of new hire document checklist.

Completed: June 30th, 2017

K. P. Kevin Coruso, Executive Director 8/15/17

Violation Report: 12714 - 06/28/2017 - Braswell, Natasha
 PCH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

The home does not have documentation that Direct care staff person A, hired 4/12/17, completed the Department-approved direct care training course and passing of the competency test.

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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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kevin Caruso Executive Director* Date *8/25/17*

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 (Initials)

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

Regulation 2600.65(d)

Immediately, the Executive Director retrained the Business Office Manager on the community policy regarding direct care staff that do not have active registry status in the Pennsylvania Nurse Aide Registry must complete the Department-approved direct care training course and pass the competency test. The Business Office Manager audited all current employee files for compliance with the community policy regarding documentation of the direct care training course and passing the competency test when indicated. A checklist has been established for use with all new hires for verification that all required document are present. The Executive Director will review all new hire paperwork for two months to verify compliance and identify if any further action is warranted.

Evidence: training attendance log, copy of Department-approved direct care competency test completed that was not present in the associate's file at the time of inspection.

Completed: June 30th, 2017

Violation Report: 12714 - 06/28/2017 - Braswell, Natasha
 PCH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 - The drawer was missing from the cabinet located in the activity area of the Memory Care Unit.
 - The basement exit door, located across from the house keeping office, was difficult to open and did not close completely.

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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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Caruso, Executive Director</i>	Date <i>8/25/17</i>
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Regulation 2600.95

Immediately, the drawer was repaired and replaced in the memory care cabinet.

Immediately, upon discovery of the violations, the Maintenance Director obtained a quote from a vendor that could replace the basement exit door, located across from the housekeeping office since it was not easily able to be repaired. Currently the door is functional but sticks at times. The quote has been submitted for corporate approval. The door will be installed as soon as it is received at the community. Executive Director provided a retraining on June 30, 2017 with the Maintenance Manager regarding the community policy on timely repairs and work orders.

Evidence: door replacement quote submitted for approval, training documentation

Completed: Drawer replacement completed June 28th, 2017. Door replacement quote received from vendor August 11th, 2017. Estimated completion date of new door installment is September 30th, 2017.

Violation Report: 12714 - 06/28/2017 - Braswell, Natasha
 PCH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
 The central lounge exit was used during the fire drills conducted on 6/30/16, 7/29/16, and 8/30/16.

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(f)

The Maintenance Manager was retrained on the community policy regarding fire drills, including the usage of alternate exit routes by the Executive Director on June 30, 2017. The Executive Director will review fire drill records for 3 months to verify compliance and to determine if any further action is warranted.

Evidence: training documentation

Completed: June 30th, 2017

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Caruso, Executive Director</i>	Date <i>8/25/17</i>
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Violation Report: 12714 - 06/28/2017 - Braswell, Nalasha
 PCH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 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

The glucometers were not calibrated to the correct date and time.

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 2600.185(a)

Immediately, the glucometers were disposed of and new glucometers were purchased. The community also purchased a back-up glucometer for individual usage in case a glucometer malfunctions to ensure each resident had access to a glucometer as prescribed. The Health and Wellness Director re-trained the appropriate staff on August 24, 2017 on the community policy regarding glucometer maintenance.

Ongoing, Resident Care Coordinator or designee will audit glucometers weekly for correct calibration regarding date and time. The Health and Wellness Director will review the audit results for compliance and determine if further action is required for the next 2 months. The Health and Wellness Director will direct additional actions based on findings.

Evidence – Training Attendance Form, glucometer audit form

Completion Date – August 22, 2017 and ongoing

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kevin Coraso, Executive Director* Date *8/25/17*

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Violation Report: 12714 - 06/28/2017 - Braswell, Natasha
 PCH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Melatonin 5mg in tablet form. The electronic medication administration record lists Melatonin 5mg in soft tablet form.

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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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 2600.187(a)

Resident #1 is prescribed Melatonin 5 mg in tablet form. The electronic medication record lists Melatonin 5 mg in soft gel form.

Immediately, the Melatonin 5 mg tablets were disposed of by the Health and Wellness Coordinator. The Health & Wellness Coordinator re-educated the family that the medication they supply needs to match the prescriber's order. The family then resupplied the correct medication. Additionally, the Health & Wellness Coordinator provided a retraining on August 24, 2017 to medication technicians on the community medication administration policy regarding assuring family purchased medications match the prescriber order. The Health and Wellness Coordinator and/or designee will complete weekly medication audits for the next two months then monthly thereafter. The Health & Wellness Director will review the audit results for 2 months to verify if any further action is warranted.

Evidence: training documentation

Completed: June 30th, 2017

Kevin Conroy, Executive Director 8/25/17 ⁴