



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 21 2017

Ms. Anna Munoz  
Assistant Secretary  
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' Personal Care Homes annual licensing inspection on August 3, 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](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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 12735 - 08/03/2017 - Thomas, Tahasia  
PCH Name: BROOKDALE DUBLIN

1. REGULATION 56 Pa.Code §2600  
2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION  
The home's written emergency procedures have not been submitted to the municipal emergency management agency.

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 2600.107 (d)**

*The community's written emergency procedures were emailed to the Dublin Fire Chief on June 26, 2017 by the Maintenance Technician as evidenced in the attached document. The Executive Director was unable to locate the document at time of survey which has been since submitted to the Regional Licensing Supervisor. At the time of survey the Maintenance Technician was not available. The Executive Director in-serviced the Maintenance Technician on the importance of the Executive Director's ability to access all necessary community documents. Community maintains it is and will continue to operate in compliance with the DHS regulation regarding emergency procedures being updated, reviewed and submitted to the local emergency management agency.*

Evidence - Training Attendance Form, email documenting submission of emergency management procedures to Dublin Fire Chief

Completion Date - August 7, 2017

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


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Natalie Romano*      Date *8.22-17*

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

The above plan of correction is approved as of 10/26/17 (Date)

Plan of correction implementation status as of 10/26/17 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 12735 - 08/03/2017 - Thomas, Tahesia  
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 55 Pa.Code §2600  
 2600.186(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's glucometer was not calibrated with 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, Health and Wellness Director reset the glucometer with the correct date and time. The Executive Director re-trained the Health and Wellness Director and Resident Care Coordinator on the community policy regarding glucometer maintenance.*

*Ongoing, Resident Care Coordinator 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

Completion Date - August 11, 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) *Natalie Romano Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Natalie Romano* Date *8-22-17*

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

The above plan of correction is approved as of *10/20/17*  
 (Date)

Plan of correction implementation status as of *10/20/17*  
 (Date)

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

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