



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]  
March 5, 2019

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March 5, 2019

Ms. Anna Muñoz  
Assistant Secretary  
Brookdale Senior Living Communities, Inc.  
160 Elephant Road  
Dublin, Pennsylvania 18917

RE: Brookdale Dublin  
License #: 127350

Dear Ms. Muñoz:

As a result of the Department's Bureau of Human Services Licensing inspection on July 12, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

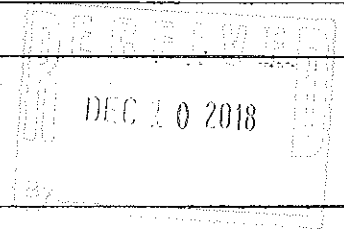
Sincerely,

A handwritten signature in cursive script that reads "Patricia Adams".

Patricia Adams  
Regional Licensing Director

Enclosure  
Violation Report

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

PCH Name: BROOKDALE DUBLIN		License Number: 12735
Address: 160 ELEPHANT ROAD, DUBLIN, PA 18917		County: Bucks
Adminlstrator: Natalie Romano		Region: SOUTHEAST
Legal Entity Name: BROOKDALE SENIOR LIVING COMMUNITIES INC		
Legal Entity Address: 160 ELEPHANT ROAD, DUBLIN, PA 18917		
Certificate(s) of Occupancy C-2 LP 08/20/1998 Commonwealth of PA		
<b>Staffing Hours</b>		
Resident Support: 0	Total Dally Staff: 48	Waking Staff: 36
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/12/2018: Freeman, Sabrina		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 26 Number of Residents Served: 24 Secured Dementia Care Unit In Home: Yes Area: Building is SDU 1st floor Secured Dementia Unit Capacity, If Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, If applicable: 24 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 12		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 24 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 24 Have a Physical Disability: 0

*Natalie Romano Executive Director Natalie Romano 12-10-18*

Violation Report: 12735 - 07/12/2018 - Freeman, Sabrina

PCH Name: BROOKDALE DUBLIN

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

The week of July 2, 2018, staff person A sent a text message to staff person B reporting that she saw photos of resident #1 and another unidentified resident on staff person C's cell phone. Staff person A stated resident #1 was sitting on the countertop outside of the kitchen in the photo. Staff person A stated staff person C was laughing while showing her the photos.

The home failed to submit an incident report to the Department regarding this allegation. The Department became aware of the incident during an interview with staff person A regarding a violation of resident rights of another resident which also involved staff person C.

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.

*see attached*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *12-10-18*

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

The above plan of correction is approved as of *3/1/19* (Date)

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

Plan of correction implementation status as of *3/1/19* (Date)

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

## Brookdale Dublin

### Plan of Correction

The following is the Plan of Correction for Brookdale Dublin in regard to the Statement of Deficiency dated 12/05/2018 for incident follow-up inspection on 07/12/2018. The Plan of Correction report is not to be construed as an admission of or agreement with, the findings and conclusions in the 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 improvements to satisfy that objective.

#### Regulation 2600.16(c)

*On August 2, 2018 the Executive Director and Health / Wellness Director re-trained all management and direct care staff on the community policy on reportable events with time frame for reporting.*

*On December 6, 2018, a late incident reportable event form was submitted to DHS. The community will continue to provide information to all staff on the topic of reportable incidents during employee orientation and on an annual basis.*

*The Executive Director set up training with the Area Office on Aging and will continue to do so annually to provide direct care staff training. All OAPSA potentially reportable incidents will be reviewed by the Executive Director or designee as they occur. Required notifications will be reviewed periodically by the Executive Director or designee to ensure incidents are communicated in accordance to this regulation.*

*The Executive Director or designee will review orientation and annual training for completion of training that pertains to reportable events to verify if further action is warranted.*

Evidence- Copy of staff training attendance sheets

**Completion Date: December 7, 2018**

*Natalie Romano Executive Director Natalie Romano*

Violation Report: 12735 - 07/12/2018 - Freeman, Sabrina

PCH Name: BROOKDALE DUBLIN

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Staff person A stated she was concerned about the care the residents were receiving.

On the 11-7 shift from July 6-July 7, 2018, staff person D told resident #2, "shut your mouth."

Staff person C & D pulled resident #3 by the arms and wrist while getting him out of bed. Staff person A asked staff person C & D if there was a better way and stepped in to help.

Staff person C and D did not put resident #4 to bed and did not take her to the bathroom when she repeatedly stated, "All I want to do is go to the bathroom."

Staff person A stated resident #1's bedroom door was locked and she sat outside her room for 2 hours before she was put to bed.

Resident #5 was taunted with a candy bar, staff person C handed the candy bar to resident #5 and said it was poop and made her hold it as it was melting in her hand.

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.

*See attached*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Natalie Romano*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*Natalie Romano Executive Director*

Date *12-10-18*

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3/5/19  
(Date)

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3/5/19  
(Date)

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The above plan of correction was approved by

*(Signature)*  
(Initials)

**Regulation 2600.42(b)**

*Immediately- On July 16, 2018 Staff persons C&D were terminated.*

*August 2, 2018 direct care staff and managers were trained on the community policy regarding Resident Rights by the Executive Director.*

*September 6, 2018 Direct care staff and management were trained on Managing Challenging Behaviors and Proper Lifting and Transferring by the Executive Director and Health/Wellness Director.*

*December 6, 2018 the Bucks County Area Agency on Aging was contacted to set up training from their Ombudsman on Resident Rights, Abuse, and Neglect. This training will take place within 30 days and will be held annually along with the community mandatory training at orientation and annually.*

*The Executive Director or designee will review orientation and annual training for completion of training that pertains to Residents' Rights, Abuse and Neglect, in order to verify if further action is warranted.*

**Evidence**- Copy of staff training attendance sheets

**Completion date-** December 7, 2018

**Regulation 2600.42(s)**

*August 2, 2018 all direct care staff and managers were retrained on the community policy regarding Residents' Rights. The training included a review and copy of the community policy on cell phone usage for every staff member. Management staff were also trained to be vigilant daily to monitor the staff's cell phone usage. The Executive Director or designee will review orientation and annual training for completion of training that pertains to Residents' Rights and Privacy to verify if further action is warranted.*

**Evidence**- Staff training and attendance form, copy of community policy for cell phones and photographs.

**Completed August 2, 2018**

Natalie Romano Executive Director  
2

Natalie Romano  
12-10-18

**Addendum 2600.42 (b)**

Within 30 days receipt of the accepted POC, all staff and residents will receive training from an outside source such as the Local Area Agency on Aging on resident rights and preventing abuse including financial exploitation. Documentation of the training will be submitted to P. Adams at the Southeast Regional office at [ra-pwarlsoutheast@pa.gov](mailto:ra-pwarlsoutheast@pa.gov) or fax at 610-270-1147.

The administrator or designee will conduct private interviews with a sample of at least three staff and three residents monthly for 6 months and quarterly thereafter to ensure resident's rights are protected. Documentation of the interviews will be kept for three years.

Violation Report: 12735 - 07/12/2018 - Freeman, Sabrina

PCH Name: BROOKDALE DUBLIN

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

Staff person C used her private cell phone to take photographs of resident #1 and another unidentified resident. Staff person C was laughing while showing the photos to staff person A

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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*See attached*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Natalie Romero Executive Director* Date *12-10-18*

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(Date)

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(Initials)

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(Date)

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- Not Implemented

Violation Report; 12735 - 07/12/2018 - Freeman, Sabrina  
PCH Name: BROOKDALE DUBLIN

1. REGULATION 55 Pa.Code §2600

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

The home failed to provide documentation of direct care staff person C's high school diploma or GED.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Natalie Romano Executive Director* Date *12-10-18*

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(Initials)

**Regulation 2600.54(a)**

*Staff person C's high school diploma was in the file on July 12, 2018 at the time of survey. This was not discussed at the exit conference with the community.*

*Community maintains it is and will continue to operate in compliance with this regulation and requests it is removed from the Violation Report.*

**Evidence**- Attached High School Diploma from the employee file

**Completion Date:** July 12, 2018

**Regulation 2600.65(d)**

*Immediately- Staff person D is no longer employed by the community.*

*July 17, 2018 the Executive Director performed an audit on all applicable employee files for direct care training course or allowable certification documentation. All current employees were found to have a Department Approved Direct Care Training Certificate demonstrating that they took the course and passed the competency in their files. New Hire Checklist will be used as a tool with all new hires moving forward to verify that all new hire documents are complete.*

*December 7, 2018- Executive Director retrained appropriate staff on community policy regarding necessary hiring documentation.*

*The Executive Director or designee will review orientation checklist for each new hire to verify if further action is warranted.*

**Evidence**- Checklist dated July 17, 2018, training attendance

**Completion Date-** Dec 7, 2018

Natalie Romano Executive Director Natalie Romano

12-10-18

Violation Report: 12735 - 07/12/2018 - Freeman, Sabrina  
 PCH Name: BROOKDALE DUBLIN

**1. REGULATION 65 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 failed to provide documentation or verify that direct care staff person D, hired on 2/10/17 completed the Department-approved direct care training course and passed the competency test. Staff person D has been providing unsupervised ADL services since employment.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

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 (Required on EVERY Page) *Natalie Romano*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Natalie Romano Executive Director* Date *12-10-18*

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Violation Report: 12735 - 07/12/2018 - Freeman, Sabrina  
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
 Resident #3 did not have a working source of light that can be turned on/off from bedside.

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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 (Required on EVERY Page) *Natalie Romano*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Natalie Romano Executive Director*      Date *12-10-18*

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**Regulation 2600.101(i)**

*On August 2, 2018 direct care staff and managers were trained on Resident Rights. This training also included community policy on offering assistance to residents who are unable to ambulate or access their rooms on their own when indicated.*

*On December 6 2018 the Bucks County Area Agency on Aging was contacted to set up training from their Ombudsman on Resident Rights, Abuse, and Neglect. This training will take place within 30 days and will be held annually along with the community mandatory training at orientation and annually.*

*The Executive Director or designee will review orientation and annual training for completion of training that pertains to Residents' Rights, Abuse /Neglect, in order to verify if further action is warranted.*

Evidence- Staff training attendance form.

**Completion Date- December 6, 2018**

**Regulation 2600.101(j)(7)**

*Immediately, July 12, 2018 a lamp was replaced in Resident #3's room by his bed. Resident now has the proper bedside lighting in his/her room so he can reach it. Resident #3 will be monitored for removing or relocating furniture in his room.*

*December 7- The Executive Director retrained the Maintenance Technician on the community policy regarding a working light source at bedside for each resident that can be accessed while in bed. The Maintenance Technician will give a report to the Executive Director weekly for 2 months and immediately ensure proper lighting at bedsides at all times. The executive Director will review the audit for 2 months to determine if any further action is warranted.*

Evidence- TELS Weekly Environmental list Task List, training attendance sheet\

**Completed December 7, 2018**

Natalie Romano Executive Director

Natalie Romano

12-10-18

Violation Report: 12735 - 07/12/2018 - Freeman, Sabrina  
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 55 Pa.Code §2600  
 2600.101(i) - A resident shall have access to his/her bedroom at all times.

2a. DESCRIPTION OF VIOLATION  
 On 7/6/18, resident #4 was denied access to their bedroom. Resident #4 requested to go to bed; however the bedroom door was locked and she could not get into the room without staff assistance.

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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The above plan of correction was approved by <u><i>[Signature]</i></u> (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