



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 09 2019

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 18954
License #: 127140

Dear Ms. Muñoz:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 18 and 19, 2019 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 (relating to Personal Care Homes) 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,

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

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 12714 - 03/18/2019 - Thomas, Tahesia
 PCH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for residents # 1 and # 2 were not signed by the residents.

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

See attached 4/23/19 *WJ*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Francie K. Hoch*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Francie K. Hoch, ED</i>	Date <i>4-19-19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/23/19</u> (Date) The above plan of correction was approved by <u><i>WJ</i></u> (Initials)	Plan of correction implementation status as of <u>4/23/19</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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Violation Report: 12714 - 03/18/2019 - Thomas, Tahesia
 PCH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Residents # 1's and # 2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Violation Report: 12714 - 03/18/2019 - Thomas, Tahesia
 PCH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 Pa.Code §2600
 2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION
 Resident # 3 self administers medications and stores medications in their room. On 03/19/19, resident # 3's medication were not stored in a locked or secured medication unit..

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Violation Report: 12714 - 03/18/2019 - Thomas, Tahesia
 PCH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 Pa.Code §2600
 2600.181(f) - The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his/her medication.

2a. DESCRIPTION OF VIOLATION
 On 03/19/19, resident # 3's record did not include a current list of medications. The list in the resident's record did not include Cymbalta Caps 60 mg.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Violation Report: 12714 - 03/18/2019 - Thomas, Tahesia
 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 home did not have PRN Docusate Sodium Caps 100 mg and Acetaminophen Tabs 325 mg available to administer to resident # 4.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Violation Report: 12714 - 03/18/2019 - Thomas, Tahesia
 PCH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Residents #1 and #2 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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

Within 30 days of accepted POC, the administrator will develop and implement a system to ensure that all residents receive a copy of the resident rights and complaint procedures at admission, and that these rights include the right to refuse medications. The procedures will include obtaining signed statements acknowledging receipt of these items. Maintain audits for Department review for a period of three years. 4/23/19 *MJ*

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Violation Report: 12714 - 03/18/2019 - Thomas, Tahesia
 PCH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening form for resident # 1, admitted on 12/18/18 does not include the specific needs for the resident, specifically the ADLS and IADLS.
 The pre-admission screening form for resident # 2, admitted on 1/9/19 was dated 12/5/18 more that 30 days of admission date.

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

Within 5 days of accepted POC, the home will ensure that all residents admitted after 4/23/19 have a preadmission screening completed. The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency. 4/23/19 *MJ*

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 PCH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 Pa.Code §2600
 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 was admitted to the SDCU on 12/17/18. The resident did not have a preadmission screening in collaboration with a physician or geriatric assessment team.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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9A

Brookdale Northampton

Plan of Correction

The following is the Plan of Correction for Brookdale Northampton regarding the Statement of Deficiency dated April 5, 2019 for the full renewal survey on March 18 and 19, 2019. This Plan of Correction 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 improvement to satisfy that objective

Regulation 2600.25(b)

Immediately-Signatures of Residents #1 and #2 were obtained and placed in their contract folders.

During the weekly management meeting on March 26th the Executive Director reviewed with the management team the requirements for resident signatures during the admission process which includes signing of the Contract, signing of Resident Rights and signing of the Complaint procedure.

The Executive Director will review each resident contract/administrative file within 48 hours of admission to ensure all required signatures are in place for the next 3 months to verify if any further action is warranted.

Evidence- Copy of the signed agreements, training attendance sheet.

Completion Date: April 19, 2019

Maintain audits for Department review for a period of three years. 4/23/19 *MJ*

Regulation 2600.41(e)

Immediately- Signatures of Residents #1 and #2 were obtained on the Resident Rights and Complaint procedure. 4/23/19 *MJ*

Franklin M, ED 4/19/19

qb

Regulation 2600.181(f)

Immediately- medications were removed from the resident room on 3/19/19. The Health and Wellness Coordinator reviewed all medications against the current medication list to verify all medications were available or ordered for administration according to physician medication list.

Medications for resident #3 are now being administered by medication technicians.

March 26, 2019- Executive Director re-educated the appropriate staff on the community policy regarding Self-Administration of Medications.

The Health and Wellness Coordinator or designee will continue to complete quarterly assessments of each resident who self-administers their medication. During that assessment, the nurse will also review physician medication list against medications present in resident storage to ensure accuracy.

The Health and Wellness Director will review the quarterly audits to verify if any further action is warranted for 2 months. Maintain audits for Department review for a period of three years. 4/23/19 *MDJ*

Evidence- training attendance sheet.

Completion Date: April 19, 2019

Regulation 2600.185(a)

Immediately-The Medications were reordered and delivered on 3/20/19.

March 21, 2019- A meeting with all care staff and medication technicians was conducted after each ALL STAFF meeting to re-educate staff who administer medications on the need for all medications including PRN medications to be ordered prior to the medication running out.

The Health and Wellness Coordinator or designee will conduct a weekly cart audit to ensure all medications are available for administration.

Ongoing- The Health and Wellness Director will review the results of these audits for 2 months to verify if any further action is warranted. Maintain audits for Department review for a period of three years. 4/23/19 *MDJ*

Evidence- training attendance sheet.

Completion Date: April 19, 2019


Francis Horn, ED
4-19-19

9c

Regulation 2600.231(c)

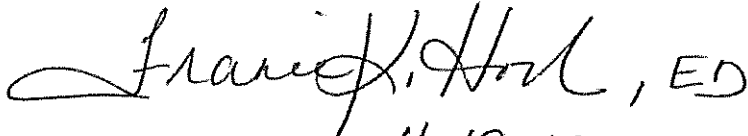
April 19, 2019- The Executive Director provided training to the Health & Wellness Director (RN), Health & Wellness Coordinator (LPN) and Clinical Coordinator (LPN) on the regulations regarding the community policy on completion and timeframes of the Pre-Admission Screening Form.

The Health & Wellness Director or designee will review all Pre-admission Screening Forms for admissions for the months of April, May and June to ensure timeliness and proper completion. The collaboration with a physician for all SDCU admissions will be reviewed.

Ongoing- The Health and Wellness Director will review results to determine if any further action is warranted for 3 months. Maintain audits for Department review for a period of three years. 4/23/19 

Evidence- training attendance sheet.

Completion Date: April 19, 2019


4-19-19