



**Sent via e-mail smeyer@brookdale.com**  
**Sent via e-mail nromano@brookdale.com**  
**September 10, 2019**

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

RE: Brookdale Dublin  
License #: 127350

Dear Ms. Meyer:

As a result of the Department's Bureau of Human Services Licensing inspection on July 11, 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 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Mia Johnson". The signature is written in a cursive, flowing style.

Mia Johnson  
Human Services Licensing Supervisor

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: *BROOKDALE DUBLIN*

License Number: 12735

Address: *160 ELEPHANT ROAD, DUBLIN, PA 18917*

County: *BUCKS*

Region: *SOUTHEAST*

## Administrator

Name: *Natalie Romano*

Phone: *2152491700*

Email: *Nromano@brookdale.com*

## Legal Entity

Name: *BROOKDALE SENIOR LIVING COMMUNITIES INC*

Address: *160 ELEPHANT ROAD, DUBLIN, PA, 18917*

## Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *50*

Waking Staff: *38*

## Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

## Inspection Dates and Department Representative

*07/11/2019 - On-Site: Dean Gray*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *26*

Residents Served: *25*

### Secured Dementia Care Unit

In Home: *Yes*

Area: *Entire Home*

Capacity: *26*

Residents Served: *25*

### Hospice

Current Residents: *8*

### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *25*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *25*

Have Physical Disability: *8*

60a - Staff/Support Plan

Regulations

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 06/09/19, former resident #1 was able to exit the home onto the sidewalk in front of the residence. The home is to provide a secure environment as outlined in the "Secure Dementia Unit Addendum to Residency Agreement". On this date, the home failed to provide these services.

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*

Legal Entity Representative

*Natalie Romano*

Signature

*Natalie Romano Executive Director* 8-16-19

Printed Name and Title

Director Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/9/19  
(Date)

Plan of correction implementation status as of 9/9/19  
(Date)

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

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

## 182b - Prescription Medication

## Regulations

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

## Description of Violation

*On July 8th, July 9th and July 10th, 2019 at 09:30 and 13:30, staff person A administered medications to residents to include the following; Spironolactone Tablet 25 MG, Vitamin B-12 Tablet, Depakote Sprinkles Capsule Delayed Release Sprinkle 125 MG, Povidone-Iodine Solution 10% and Glucema Shake. Staff person A has not completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.*

## 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*

## Legal Entity Representative

*Natalie Romano*

Signature

*Natalie Romano Executive Director 8/16/19*

Printed Name and Title

Date

182b - Prescription Medication *(continued)*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/9/19 Plan of correction implementation status as of 9/9/19  
(Date) (Date)

The above plan of correction was approved by MC  Fully Implemented  
(Initials)  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 08/14/2019 for incident follow-up inspection on 07/14/2019. 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 2600.60.a**

Immediately – On return of the resident to the community, a head count was taken and all residents were accounted for at that time. Resident #1 was assessed and found to be uninjured. All the exit doors /alarms were tested and were all found to be in working order.

All families were re-informed by the Executive Director that when exiting the community to assure they are not accompanied by someone unknown to them.

July 18, 2019- All appropriate staff were retrained by the Executive Director on the community policy regarding elopement prevention/procedures.

Ongoing- A staff person will be assigned in the front half of the building to be better able to easily hear the push bar buzzer that precedes the unlocking of the door.

Ongoing- Health and Wellness Director or designee will identify residents at risk for elopement and note individualized strategies in their support plan/ RASP. Staff will be educated in strategies for at-risk residents through resident support plan/RASP, individualized training and through staff trainings as indicated.

Ongoing- Elopement drills will continue to be held monthly. The Executive Director will review the results of these drills to identify if any further action is warranted.

**Evidence:** Training attendance sheet

**Completion date:** 7-18-2019

### **Regulation 2600.182b**

Immediately- an audit was conducted of all Medication Technician Training documentation by the Executive Director and the Health/Wellness Director. Staff Person A did not administer medications until the medication pass observation was completed.

August 8, 2019- Brookdale Dublin's approved Medication Technician Observer observed Staff Person A passing medications and verified by signing the "Summary and Certification Pennsylvania Department of Human Services" form. Staff Person A is now certified and in compliance with required medication administration training.

August 8, 2019- Executive Director retrained the Health and Wellness Director on the community policy regarding qualifications for Medication Technicians to administer medications.

Ongoing—Health and Wellness Director will review medication training documentation quarterly to verify that observations/ trainings have occurred according to the community policy for the next year and verify if any further action is warranted.

**Evidence:** State training form, training attendance sheet

**Completion date:** August 8, 2019