



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED] M  
August 10, 2022

[REDACTED]  
Brookdale Senior Living Communities, Inc.  
[REDACTED]  
[REDACTED]

RE: Brookdale Northampton  
65 Richboro Newtown Road  
Richboro, Pennsylvania 18954  
License #: 12714

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on June 4 and 17, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Sandra Wooters*

Sandra Wooters, MHS, ACG  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSE INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *BROOKDALE NORTHAMPTON* License #: *12714* License Expiration Date: *07/16/2020*  
Address: *65 RICHBORO-NEWTOWN ROAD, RICHBORO, PA 18954*  
County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *2679804081* Email: [REDACTED]

**Legal Entity**

Name: *BROOKDALE SENIOR LIVING COMMUNITIES INC*  
Address: *111 WESTWOOD PLACE, SUITE 400, BRENTWOOD, TN, 37027*  
Phone: *2679804081* Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *96* Waking Staff: *72*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *06/17/2020*

**Inspection Dates and Department Representative**

06/04/2020 - Off-Site: [REDACTED]  
06/17/2020 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *120* Residents Served: *70*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *0* Capacity: *23* Residents Served: *19*

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *26* Have Physical Disability: *1*

**Inspections / Reviews**

**06/04/2020 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/03/2020*

Inspections / Reviews *(continued)*

7/21/2020 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/03/2020*

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 5/21/20, staff member A was unaccounted for from the home for approximately 33 minutes. At the time of staff member A's disappearance, resident #1 reported that a person matching staff member A's description, entered their room cursing and swinging their arms. Resident #1 stated this is not the first time that staff member A has entered room cursing or swinging their arms. Resident #1 stated they were never struck or physically touched by the staff member.

On 5/21/20, Resident #2 reported that staff member A came into room and threw water in direction. Resident #2 stated that staff member A has come into room multiple times and thrown a cup of water towards. The resident states has never been hit by the cup or the water.

Plan of Correction - 07/21/2020

Accept

Immediately--Staff member A was suspended pending the outcome of an investigation on 5/21/20 and Staff Member A has since been terminated

July 15, 2020--Executive Director will conduct Resident Rights training for all appropriate team members

Going forward--Every staff member receives Resident Rights training upon hire and annually thereafter with follow-up training whenever indicated. The Executive Director will monitore incident reports for the next 3 months to determine if any further training or action is indicated.

Completion Date: 07/15/2020

Implemented

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #1's annual assessment was completed on. However, the resident's previous assessment was completed on.

225c - Additional Assessment (*continued*)**Plan of Correction - 07/21/2020****Accept**

*Immediately--Upon request, the community inadvertently faxed the wrong assessment dated [REDACTED]. Assessment dated [REDACTED] completed for the annual requirement, is attached (Attachment A) and was on file at the time of the request.*

*Home will ensure all residents have annual assessments in accordance with regulation.*

*July 1, 2020 --Executive Director retrained the clinical leadership team on the proper and timely completion of the resident assessment and support plan (RASP) (Attachment C)*

*The Health and Wellness Director completed an audit of all resident records to verify the timely and proper completion of the RASP (Attachment B)*

*Going forward--The community will complete a quarterly audit of support plans completed in the previous quarter to assure proper completion.*

**Completion Date:** 08/03/2020

*Implemented*

## 227g -Support Plan Signatures

**1. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

*Resident #1 participated in the development of his/her support plan on [REDACTED]. However, the resident and a Brookdale Northampton representative did not sign the support plan.*

**Plan of Correction - 07/21/2020****Accept**

*Upon request, the community had faxed a support plan dated [REDACTED] that was not signed by the resident or author. Upon review, this support plan had been printed and was filed in error as the annual support plan dated [REDACTED] (Attachment A) was present on file.*

*June 25, 2020--The Health and Wellness Director completed an audit of all resident records to determine support plan signatures (Attachment B) were present.*

*Going forward--The community will complete a quarterly audit of support plans completed in the previous quarter to assure proper completion to include appropriate signatures.*

*The Executive Director will review the results of the completed audits to determine if any further action is warranted.*

**Completion Date:** 06/30/2020

*Implemented*