

Department of Human Services
Bureau of Human Service Licensing

January 5, 2022

[REDACTED] ADMINISTRATOR
[REDACTED]

RE: BROOKDALE DUBLIN
160 ELEPHANT ROAD
DUBLIN, PA, 18917
LICENSE/COC#: 12735

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *BROOKDALE DUBLIN* License #: *12735* License Expiration: *11/08/2022*
Address: *160 ELEPHANT ROAD, DUBLIN, PA 18917*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

[REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/20/1998* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *12/03/2021*

Inspection Dates and Department Representative

12/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* Residents Served: *12*

Secured Dementia Care Unit

In Home: *Yes* Area: *entire building* Capacity: *26* Residents Served: *12*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *12*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *12* Have Physical Disability: *0*

Inspections / Reviews

12/03/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/25/2021*

12/21/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/31/2021*

Inspection Dates and Department Representative (*continued*)

01/05/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

The home does not have the certificate of completion/passing of the Department-approved direct care training course on file for direct care staff person A, hired on 09/09/2020,

Plan of Correction

Accept

Regulation 2600.65(d)

Immediately- Staff member A completed the department approved course as evidenced by provided certification dated December 3, 2021.

December 4, 2021- Executive Director was retrained on the community policy regarding completion of the direct care training course on hire by the District Director of Clinical Services.

December 4, 2021-Executive Director audited employee files to verify compliance. Executive Director or designee will use New Hire Checklist with each hire going forward.

Ongoing- New hires will utilize the New Hire Checklist in their employee file. New direct care staff will provide certification on first day of hire or complete the department approved training prior to caring for residents. The Executive Director or designee will review all new employee files to verify if any further action is warranted.

Evidence: Staff member A's certificate, New Hire Checklist, Training attendance sheet

Completion Date- December 3, 2021

Completion Date: 12/03/2021

Document Submission

Implemented

see attached

Completion Date: 12/03/2021

91 - Telephone Numbers

1. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone located near the nurse's station.

Plan of Correction

Accept

Regulation 2600.91

Immediately on December 3, 2021, a legible list of required phone numbers was replaced on the nurse's station phone by the Executive Director.

December 3, 2021- Executive Director retrained the management team on the community policy regarding posting of emergency phone numbers near each phone with an outside line.

Immediately- December 3, 2021 community phones were audited for the presence of legible emergency phone

91 - Telephone Numbers (continued)

numbers.

Ongoing- Executive Director or designee will check the phones monthly for 3 months to make sure numbers are legible on phones with outside lines. The Executive Director will verify if any further action needs to be taken.

Evidence: training attendance

Completed date: December 4, 2021 and ongoing

Completion Date: 12/04/2021

Document Submission

Implemented

see attached training sheet

Completion Date: 12/04/2021

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the nurse's station does not include adhesive tape.

Plan of Correction

Accept

Regulation 2600.96a

Immediately- Adhesive tape was added back to the first aid kit by the Health and Wellness Director

December 3, 2021- Executive Director retrained the appropriate clinical staff on the community policy regarding maintaining required supplies in the first aid kits.

Ongoing- Health and Wellness Director or designee will check the First Aid kits monthly for 3 months to make sure all required components are present.

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

Evidence: training sheet signed by Health and Wellness Director and Health and Wellness Coordinator.

Completion date: December 3, 2021 and ongoing

Completion Date: 12/03/2021

Document Submission

Implemented

see attached training sheet

Completion Date: 12/03/2021

126a - Furnace Inspection

1. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The most recent documentation of the furnace inspection was dated 10/23/2018.

Plan of Correction

Accept

Regulation 2600.126(a)

126a - Furnace Inspection (continued)

The most recent documentation of the furnace inspection was dated 1/23/18.
 Immediately- Executive Director made an appointment for the Furnace inspection by Indoor Comfort for December 9, 2021.
 December 9, 2021- Indoor Comfort performed furnace inspection.
 December 15, 2021- Executive Director added Furnace Inspection to the electronic TELS system as a yearly task reminder.
 Ongoing-Annual Furnace Inspection noted in Electronic TELS system for calendar reminder to Maintenance Technician for annual reminder follow-up. Executive Director will follow-up to verify if any further action is warranted.
 Evidence: work order document from furnace inspection,
 Completion Date- December 9, 2021 and annually

Completion Date: 12/09/2021

Document Submission

Implemented

see attached work order completed

Completion Date: 12/09/2021

227a - Support Plan 30 Days

1. Requirements

- 2600.
- 227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #2 was admitted on [REDACTED] however, the resident's initial support plan was not completed until 03/28/2019.

Plan of Correction

Accept

Regulation 2600.227(a)

On further investigation the support plan that was in the medical record for Resident #2 was the 14-30 day review not the initial. The initial support plan was completed on 2/12/19 but filed in the thinned record. The initial support plan has now been included in the current chart not the thinned record on file.

*We ask that this violation be removed since the document existed but was filed with the thinned chart and not on the current record.

Evidence: copy of original initial support plan dated 2/12/19

Completion Date- December 20, 2021

Completion Date: 12/20/2021

Document Submission

Implemented

see attached support plan from thinned file

Completion Date: 12/20/2021

227g -Support Plan Signatures

1. Requirements

- 2600.

227g -Support Plan Signatures (continued)

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

Description of Violation

The home does not have the signature page for resident #2's 72 hour support plan dated 02/12/2019 on file.

Plan of Correction

Accept

Regulation 2600.227(g)

On further investigation the support plan that was in the medical record was the 14-30 day review not the initial. The initial support plan was completed on [redacted] but filed in the thinned record including the signature page. The initial support plan including the signature page has been placed in the current chart.

*We ask that this violation be removed since the document existed but was filed with the thinned chart and not on the current record.

Evidence: copy of original signed support plan dated 2/12/19

Completion Date- December 20, 2021

Completion Date: 12/20/2021

Document Submission

Implemented

see attached support plan from thinned chart

Completion Date: 12/20/2021

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The order for resident #1's [redacted] was changed from twice a day to once at bedtime on 07/21/2021. However, the pharmacy label was not updated to reflect this change.

Repeat Violation: 02/01/2021

Plan of Correction

Accept

Regulation 2600.184(a)

Immediately- The label was updated to match the physician orders in the MAR.

December 20, 2021- Medication Technicians and LPN were re-trained on the community policy regarding process for medication labeling when there is a change in doctors' orders by the Health and Wellness Director.

Ongoing Medication Technicians will review labels and compare with physician orders before dispensing medications. Any changes in orders for current medications in the medication cart will be verified against the new medication order for accuracy and relabel if indicated.

December 20, 2021- A review was conducted of all medications orders using MAR to cart audit by the Health and Wellness Coordinator was completed. Cart audits will continue to be reviewed weekly by the Health and Wellness Coordinator or designee.

The Health and Wellness Director will review audit results to verify if any further action is warranted.

Evidence: training attendance sheet

Completion Date- December 20, 2021 and ongoing

Completion Date: 12/20/2021

184a - Labeling OTC/CAM (continued)**Document Submission*****Implemented****see attached training sheet***Completion Date:** *12/20/2021*