

Department of Human Services
Bureau of Human Service Licensing

October 29, 2022

[REDACTED]
BROOKDALE SENIOR LIVING COMMUNITIES INC
[REDACTED]
[REDACTED]

RE: BROOKDALE NORTHAMPTON
65 RICHBORO-NEWTOWN ROAD
RICHBORO, PA, 18954
LICENSE/COC#: 12714

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/31/2022, 02/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *BROOKDALE NORTHAMPTON* License #: *12714* License Expiration: *07/16/2022*
Address: *65 RICHBORO-NEWTOWN ROAD, RICHBORO, PA 18954*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *BROOKDALE SENIOR LIVING COMMUNITIES INC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/23/1993* Issued By: *Commonwealth of PA, L&I*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *01/31/2022*

Inspection Dates and Department Representative

01/31/2022 - On-Site: [REDACTED]
02/01/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *120* Residents Served: *61*

Secured Dementia Care Unit

In Home: *Yes* Area: *Clare Bridges* Capacity: *23* Residents Served: *22*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *35* Have Physical Disability: *1*

Inspections / Reviews

01/31/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/04/2022*

02/28/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/24/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/03/2022

10/29/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/24/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #1 completed an Oropharyngeal Motility study on [REDACTED] confirming the resident's need for Pureed Texture [foods], Honey Thick Liquids. However page 2 of the resident's Personal Service Plan, dated [REDACTED] under the section "Nutrition" does not document the change for Honey Thick Liquids. The following was documented:

Provide texture modified foods

Provide pureed foods

Provide thickened liquids: Nectar consistency

Be alert to coughing or choking while eating.

Meal Portion: Regular, Resident is on the Nutrition at Risk Program.

POC Submission**Accept**

The following is the Plan of Correction for Brookdale Northampton regarding the Statement of Deficiency dated February 22, 2022 for the partial inspection/ incident follow-up survey on February 1, 2022. 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 2600.227.a

Immediately- Resident #1 is no longer residing in the community. Resident #1 received a pureed diet with honey thickened liquids for all meals as ordered by the physician.

February 2, 2022- Executive Director completed an audit of diet orders to verify that each resident's current nutritional needs are consistent across the resident support plan, Point Click Care and the physician order in the medical record. Any discrepancies were rectified immediately.

February 2, 2022- Clinical Specialist retrained the appropriate clinical staff regarding the community policy on documentation of diet orders.

Going forward- The Health and Wellness Director or designee will review all physician diet order changes in Point Click Care and Support Plan to verify they all match. Health & Wellness Director, or designee, will complete audits monthly X 3 months for residents with a change in nutritional need or diet order for corresponding revision/update has been completed in their support plan.

The Health and Wellness Director will determine if any further action is warranted based on the results of the audits.

Evidence: In-service attendance sheet

Licensee's Proposed Overall Completion Date: 02/25/2022

Document Submission**Implemented (MJ - 10/29/2022)**

See attached.

Licensee's Proposed Overall Completion Date: 02/25/2022