

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

May 9, 2023

[REDACTED]  
BROOKDALE SENIOR LIVING COMMUNITIES INC  
160 ELEPHANT ROAD  
DUBLIN, PA, 18917

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 04/26/2023 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

**Facility Information**

Name: *BROOKDALE DUBLIN* License #: *12735* License Expiration: *11/08/2023*  
 Address: *160 ELEPHANT ROAD, DUBLIN, PA 18917*  
 County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *BROOKDALE SENIOR LIVING COMMUNITIES INC*  
 Address: *160 ELEPHANT ROAD, DUBLIN, PA, 18917*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *36* Waking Staff: *27*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *04/26/2023*

**Inspection Dates and Department Representative**

*04/26/2023* On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *26* Residents Served: *18*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Entire home* Capacity: *26* Residents Served: *18*

**Hospice**  
 Current Residents: *5*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *18*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *18* Have Physical Disability: *0*

**Inspections / Reviews**

**04/26/2023 - Full**  
 Lead Inspector [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/07/2023*

**04/28/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *05/01/2023*  
 Reviewer [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/07/2023*

Inspections / Reviews *(continued)*

05/01/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/30/2023

05/09/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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 wellness office does not include a thermometer.*

Plan of Correction

Accept (█) - 05/01/2023)

*Regulation 2600.96(a)*

*Immediately- 4/26/2023 Health and Wellness Director replaced thermometer that was missing in the first aid kit. April 27,2023 audit put in place for HWD to audit First Aid kit monthly. HWD was trained on auditing the first aid kits. Executive Director did the initial audit of both first aid kits and signed off on them. HWD will audit both first aid kits monthly and fill out the audit sheet. Executive Director will follow up and check the audits to see if anything needs to be ordered or replaced. This will be ongoing monthly.*

Licensee's Proposed Overall Completion Date: 04/28/2023

Implemented (█) - 05/09/2023)