

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

November 27, 2023

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

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/28/2023 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 NORTHAMPTON* License #: *12714* License Expiration: *07/16/2024*  
 Address: *65 RICHBORO NEWTOWN ROAD, RICHBORO, PA 18954*  
 County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *2153576565* Email: *bgolla@brookdale.com*

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *02/19/1993* Issued By: *COPA L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *108* Waking Staff: *81*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]  
 Reason: *Complaint* Exit Conference Date: *09/28/2023*

**Inspection Dates and Department Representative**

09/28/2023 - On [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *120* Residents Served: *69*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *25* Capacity: *Clare Bridges* Residents Served: *22*

**Hospice**  
 Current Residents: *8*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*  
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *39* Have Physical Disability: *1*

**Inspections / Reviews**

09/28/2023 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/21/2023*

10/23/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *11/22/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/23/2023*

Inspections / Reviews *(continued)*

11/27/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at [redacted], resident#1 had an unwitnessed fall in the apartment. resident#1 sustained a head injury. The home did not submit an incident report to the Department.

Plan of Correction

Accept (MS - 10/23/2023)

The following is the Plan of Correction for Brookdale Northampton in regard to the Statement of Deficiency dated 2023 for partial complaint survey inspection on 09/28/2023.

October 13, 2023- Executive Director(ED) retrained the clinical management team regarding the community policy on submission of incident reports to the Department when a resident fall results in a head injury.

October 13, 2023- A review was completed by the ED of recent incidents and there were no other incidents out of compliance.

October 17, 2023- Incident report for resident #1 was submitted to the Department by the Clinical Specialist.

October 17, 2023- The Health and Wellness Director (HWD), Health and Wellness Coordinator (HWC) or designee will audit incident reports for compliance 5 times weekly for one month.

November 17, 2023-Going forward, the ED or designee will then review incident reports monthly for 3 months to determine if any further action is warranted until February 17, 2024.

Supporting Documentation - staff training attendance, incident report submitted for resident #1

Licensee's Proposed Overall Completion Date: 11/17/2023

Implemented ([redacted] - 11/27/2023)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident’s designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident’s power of attorney for health care or health care proxy or a resident’s designated person, or if a court orders disclosure.

Description of Violation

On 09/28/23, at 9:30am, the resident's shower log book on the second-floor nurses' station was unlocked, unattended, and accessible to visitors.

On 09/28/23, at 10am, the resident's narcotic book was in a slot next to medication's cart in the memory care area, and was unlocked, unattended, and accessible to visitors.

Plan of Correction

Accept ([redacted] - 10/23/2023)

September 28, 2023- Shower log book/schedule and narcotic book were placed in a locked area which was not accessible to visitors by the Medication Technician.

17 - Record Confidentiality (continued)

October 18, 2023- ED retrained appropriate clinical staff regarding the community policy on record confidentiality.  
October 23, 2023- Health and Wellness Coordinator (HWC), Medication Technician or designee will monitor compliance weekly for 1 month to verify resident information is not accessible. To maintain ongoing compliance, these areas will be audited monthly for 2 months by the HWD, HWC or designee starting November 23, 2023 ending January 23, 2024.

November 1, 2023- To assist with ongoing compliance, the ED or designee will review the results of these audits monthly to determine if any further action is warranted.

Licensee's Proposed Overall Completion Date: 11/23/2023

Implemented ( ) - 11/27/2023)

60a - Staff/Support Plan

3. Requirements

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 [redacted] resident #1, did not receive toileting, as required by his/her assessment and support plan. According to resident interviews, these services could not be provided due to lack of available direct care staffing in the home. Per call bell report and resident council, residents are waiting for a long time for staff's assistance. Per resident#1's support plan, resident#1 is a fall risk. Resident#1 rang the bell at [redacted] pm and did not receive assistance until [redacted] am.

Plan of Correction

Accept ( ) - 10/23/2023)

October 18, 2023- ED retrained appropriate community staff regarding call bell/pendant response time as well as the importance of turning off the call bell after responding in the resident room.

October 23, 2023- The HWD, HWC or designee will complete random call bell tests weekly for 4 weeks.

November 23, 2023, The ED or designee will then perform monthly checks for 3 months starting February 23, 2024 to verify that call bells/pendants are answered according to community policy until May 23, 2023.

The ED will monitor results of the reviews and verify if any further action is required.

Licensee's Proposed Overall Completion Date: 11/23/2023

Implemented ( ) - 11/27/2023)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

Resident #1's medical evaluation dated [REDACTED] did not include page 2, special health or dietary needs of the resident, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.

**Plan of Correction**

Accept [REDACTED] - 10/23/2023)

October 12, 2023- A new medical evaluation was completed by the physician, with page 2 information included and placed in the medical record.

October 13, 2023- ED in-serviced the appropriate clinical management team to verify the medical evaluation forms include page 2 in the resident records.

October 18, 2023-Clinical Specialist and HWC completed an audit of current resident’s medical evaluation forms to verify page 2 was included. Verification will be made by auditor initials in the upper right hand corner of the first page.

October 30, 2023- HWD, HWC or designee will review medical evaluation forms when received for 3 months to verify page 2 is included starting November 1, 2023 through January 31, 2024.

The ED will monitor results and verify if any further action is required.

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented [REDACTED] - 11/27/2023)

142a - Secure Medical Care

**5. Requirements**

2600.

142.a. The home shall assist the resident to secure medical care if a resident’s health status declines. The home shall document the resident’s need for the medical care, including updating the resident’s assessment and support plan.

**Description of Violation**

On [REDACTED] at approximately [REDACTED], resident #1 had an unwitnessed fall that resulted in a head injury. The resident was not sent to the hospital following this incident. . Staff member A reported that resident#1's speech was unclear following the fall. On [REDACTED], the home's doctor was present in the facility, however resident #1 was not evaluated by the doctor at that time. Per home's policy on falls, the home is instructed to call 911 after a head injury.

**Plan of Correction**

Accept [REDACTED] - 10/23/2023)

Resident #1 has a diagnosis of aphasia which includes unclear speech and responds primarily to simple

142a - Secure Medical Care (continued)

commands. This diagnosis was noted prior to the fall on [REDACTED] and documented on the RASP/Support Plan.

Per documentation, resident #1 refused to go to the hospital after the fall on [REDACTED].

October 15, 2023- The HWD, HWC or designee will audit incident reports for compliance 5 times a week for one month and then will review incident reports monthly for 3 months starting November 15, 2023 through February 15, 2024.

October 18, 2023- ED retrained appropriate clinical staff on the community policy regarding calling 911 for identified incidents including head injury.

The ED will monitor results and verify if any further action is required.

Licensee's Proposed Overall Completion Date: 11/13/2023

Implemented ([REDACTED] - 11/27/2023)

224a - Preadmission Screen Form

6. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept ([REDACTED] - 10/23/2023)

Immediately, September 28, 2023- Resident #1's preadmission screening form was updated to include a determination that the needs of the resident can be met by the services provided by the home.

October 13, 2023- ED retrained the appropriate clinical management team to verify the preadmission screening form is completed in entirety which includes a determination that needs of the resident can be met by the services provided by the home.

October 18, 2023-Clinical Specialist and HWC completed an audit of current resident preadmission screening forms to verify a determination that needs of the resident can be met by the services provided by the home. The other preadmission screens were found in compliance. Verification will be made by auditor initials in the upper right hand corner of the first page.

October 17, 2023- Ongoing, HWD, HWC or designee will review preadmission screen form prior to move-in to verify the form includes a determination that needs of the resident can be met by the services provided by the home for 3 months until January 31, 2024.

The ED will monitor results and verify if any further action is required.

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented ([REDACTED] - 11/27/2023)