

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

June 4, 2024

[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 04/11/2024 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: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *BROOKDALE SENIOR LIVING COMMUNITIES INC*
 Address: [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: *104* Waking Staff: *78*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *04/11/2024*

Inspection Dates and Department Representative

04/11/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *120* Residents Served: *65*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Clare Bridge* Capacity: *23* Residents Served: *19*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *65*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *39* Have Physical Disability: *1*

Inspections / Reviews

04/11/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/03/2024*

05/02/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/16/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/17/2024*

Inspections / Reviews *(continued)*

06/04/2024 Document Submission

Submitted By [REDACTED]

Date Submitted: 05/16/2024

Reviewer [REDACTED]

Follow Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for Resident 1 was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 05/02/2024)

The following is the Plan of Correction for Brookdale Northampton in regard to the Statement of Deficiency dated April 23, 2024 for partial survey inspection on 4/11/2024. The Plan of Correction report 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 improvements to satisfy that objective.

April 19, 2024- Resident #1, a [REDACTED] resident, was discharged home on [REDACTED] and is no longer a resident in the community.

April 26, 2024- Community Business Office Manager (BOM) and Sales Director were re-trained by Executive Director (ED) regarding the community policy that contracts shall be signed by the resident and the payer.

April 29, 2024 – The ED and BOM completed audit of current resident contracts to verify they are signed by the resident. Current contracts were found to be in compliance.

To assist with ongoing compliance, the BOM or designee will review new agreements monthly for 3 months to verify contracts are signed by the resident starting May 1, 2024.

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

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented [REDACTED] - 06/04/2024)

41e - Signed Statement

2. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept [REDACTED] - 05/02/2024)

April 19, 2024- Resident #1, a [REDACTED] resident, was discharged home on [REDACTED] and is no longer a resident in the community.

April 26, 2024- BOM and Sales Director were re-trained by ED regarding resident records requiring a statement

41e - Signed Statement (continued)

signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

April 29, 2024 – The ED and BOM completed audit of current resident records to verify that the records contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures. Other records reviewed were found to be compliant.

To assist with ongoing compliance, the BOM or designee will review new resident records monthly for 3 months to verify that the record contains a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures starting May 1, 2024.

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

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented (████) - 06/04/2024)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/11/24 at 12:55pm, there were three packs of Marlboro cigarettes belonging to Resident 2 and several plastic forks and spoons in memory care medication cart in a section used to store ointments and other medications.

Plan of Correction

Accept (████) - 05/02/2024)

April 11, 2024- The 3 packs of cigarettes and plastic utensils were immediately removed from the medication cart by the Medication Technician. On audit by the Medication Technician, there were no other items in the cart that were not medications.

April 30, 2024- Health & Wellness Director or designee will complete cart audits of medication carts to verify they are free of cigarettes and any plastic utensils. On audit by the Medication Technician there were no other carts found out of compliance.

May 15, 2024- Community Medication Technicians and nurses to be re-trained by Health & Wellness Director or designee regarding the community policy that items such as cigarettes and plastic utensils are not permitted to be stored in medication cart.

To assist with ongoing compliance, the Health & Wellness Director or designee will complete medication cart audits weekly x4 weeks and monthly for 2 months thereafter, to verify that there are not items such as cigarettes or plastic utensils stored in Medication cart.

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

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented (████) - 06/04/2024)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

101j7 Lighting/Operable Lamp (continued)

Description of Violation

Resident 3 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█) - 05/02/2024)

April 11, 2024 Bedside lamp was replaced next to Resident #3 bed on night stand.

April 26, 2024 The Maintenance Director will complete a community wide audit to verify each resident has an operable lamp or other source of lighting that can be turned off at bedside. Audit completed and no other resident rooms found to be out of compliance.

May 15, 2024 The ED will re train appropriate community direct care staff that each resident must have an operable lamp or other source of lighting that can be turned off at bedside.

To assist with ongoing compliance, the Maintenance Director or designee will complete an audit weekly x 4 weeks and then monthly x2 of resident rooms to verify that each resident has an operable lamp or other source of lighting that can be turned off at bedside.

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

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented (█) - 06/04/2024)

162c - Menus Posted

5. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 4/11/24, the home posted the menu for the period of 4/10/24 4/16/24. However, the weekly menus for the upcoming week were not displayed in a conspicuous and public place in the memory care unit.

Plan of Correction

Accept (█) - 05/02/2024)

April 11, 2024 Menus for the upcoming week were posted in Memory care unit by the Clare Bridge Coordinator.

May 15, 2024 Dietary associates and Clare Bridge associates will be re trained on the community policy regarding the menu posting for the current week and for one week in advance and that it is posted in a conspicuous and public place in the memory care unit.

To assist with ongoing compliance, Clare Bridge Coordinator or designee, will audit 5x weekly for 1 month and weekly for 2 months thereafter to verify the menu for the current week and for one week in advance is posted in a conspicuous and public place in the memory care unit.

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

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented (█) - 06/04/2024)

183e - Storing Medications

6. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

183e - Storing Medications (continued)

Description of Violation

On [redacted] a [redacted], belonging to Resident 4 did not have an open date. According to the manufacturer's instructions, the medication should be discarded after 28 days.

Plan of Correction

Accept [redacted] - 05/02/2024)

[redacted] - Resident #4 [redacted] was removed from medication cart and discarded by the Medication Technician. New Humalog KwikPen opened, dated and placed in medication cart.

April 30, 2023- Health & Wellness Director or designee will complete audit on current medication carts to verify current insulin is dated with date open.

May 15, 2025- Community Medication Technicians and Nurses to be re-trained by Health & Wellness Director or designee on the community policy that insulin must be dated on opening according to the instructions on the bottle. To assist with ongoing compliance, the Health and Wellness Director or designee will complete cart audits weekly x4 weeks and monthly x2 months to verify insulin is dated with date it was opened.

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

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented ([redacted] - 06/04/2024)

184a - Resident's Meds Labeled

7. Requirements

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The direction for the following medications had been changed. However, the direction change was not indicated on the medication containers/labels:

The direction for Resident 1's [redacted] had been changed on [redacted] from "take 1 tablet by mouth twice a day for 30 days" to "give 1 tablet by mouth one time a day for [redacted]."

The direction for Resident 1's [redacted] had been changed on [redacted] from "take 1 tablet by mouth every day" to "give 1 tablet by mouth two times a day for [redacted]."

The direction for Resident 5's [redacted] had been changed [redacted] 3 from "take 1 tablet under the tongue every 6 hours as needed for excess [redacted]" to "give 1 tablet sublingually every 4 hours as needed for increased secretions."

Plan of Correction

Accept [redacted] - 05/02/2024)

April 11, 2024- Resident #1's had a change of direction sticker placed on the [redacted] and [redacted] [redacted], Resident #5 had a change of direction sticker placed on [redacted] by the Medication Technician.

April 30, 2024- Clinical Specialist re-trained community nurses regarding policy on medications order changes,

184a - Resident's Meds Labeled (continued)

reviewing there must be an indication of the change on the medication containers/labels as well as in the medication administration record.

May 3, 2024- The HWD, or designee, will complete audits of resident medication orders compared to pharmacy labels to verify that if any changes were made there is a direction change indicated on the medication container/label.

To assist with ongoing compliance the HWD, or designee, will complete monthly audits x 3 months of resident medication orders compared to pharmacy labels to verify that if any changes were made there is a direction change indicated on the medication container/label.

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

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented (████) - 06/04/2024)

231c - Preadmission Screening

8. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on █████. However, the resident's written cognitive preadmission screening dated █████, did not indicate that the resident requires secured care due to █████.

Plan of Correction

Accept (████) - 05/02/2024)

April 15, 2024- Resident #1 was discharged home on █████ and is no longer a resident in the community.

April 30, 2024- Nursing management team re-trained by ED that residents admitted to the Memory Care unit must have a preadmission screening form that indicates the resident requires secured care due to dementia.

May 3, 2023- Health & Wellness Director or designee completed an audit of memory care resident records to verify they have a preadmission screening form that indicates that the resident requires secured care due to dementia.

To assist with ongoing compliance the Health & Wellness Director or designee will complete monthly audits x3 months of residents who moved into memory care to verify they have a preadmission screening form that indicates that the resident requires secured care due to dementia.

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

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented (████) - 06/04/2024)