

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

September 10, 2024

[REDACTED], REGIONAL
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 07/11/2024 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 DUBLIN* License #: *12735* License Expiration: *11/08/2024*
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: *40* Waking Staff: *30*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/11/2024*

Inspection Dates and Department Representative

07/11/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: *26* Residents Served: *20*
Secured Dementia Care Unit
In Home: *Yes* Area: *Entire Home* Capacity: *26* Residents Served: *20*
Hospice
Current Residents: *1*
Number of Residents Who:
Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *20*
Diagnosed with Mental Illness: *20* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *20* Have Physical Disability: *0*

Inspections / Reviews

07/11/2024 - Full
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/05/2024*

09/10/2024 - POC Submission
Submitted By: [REDACTED] Date Submitted: *08/02/2024*
Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews (*continued*)

09/10/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/10/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. 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 July 11, 2024, at 9:30 AM, there were several binders containing resident incident reports, laboratory reports, census sheets and bowel movement logs that were left unlocked, unattended, and accessible to visitors and unauthorized personnel.

Plan of Correction

Accept (████ - 08/06/2024)

On 07/11/24, Executive Director immediately removed all binders containing resident information and placed them in a secure area that can only be accessed by staff of Brookdale Dublin.

On 07/11/24, Executive Director coached Health & Wellness Director and care staff regarding safekeeping of resident records and where the binders will be stored moving forward.

Executive Director or designee to complete weekly audits to ensure records are being kept in a secure area so that all information remain confidential. Audits to begin on 07/12/24 and end on 10/12/24.

Executive Director to review regulation 2600.17 at monthly mandatory all staff meeting, which will take place on 07/26/24, 07/30/24 and 07/31/24. Executive Director to review regulation and past violations during all staff meetings moving forward.

Executive Director to review regulation 2600.17 at ALL Quarterly Quality Improvement Meetings to ensure that the community is not cited regarding this regulation moving forward. This quarterly meetings will take place on August 14th, 2024, December 2024 and ongoing through quarterly meetings in 2025.

Licensee's Proposed Overall Completion Date: 07/26/2024

Implemented (████ - 09/10/2024)

65a - FS Orientation 1st Day

2. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

65a - FS Orientation 1st Day (continued)

Description of Violation

Staff person A, whose first day of work was [REDACTED] did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services until [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/06/2024)

On 07/12/24, Executive Director audited all orientation/training binders to ensure they were neat and orderly following future visits. Upon investigating, the Executive Director realized that Staff Person A did in fact receive first day orientation on [REDACTED], but the wrong date was recorded. Staff Person A's new hire orientation sheet has been corrected with the correct date of training.

Moving forward, all new hires to obtain first day orientation on or before the first day of hire. Executive Director to oversee hiring process and to ensure that new hires are receiving their state required orientation training.

On 07/26/24, 07/30/24 and 07/31/24, the Executive Director reviewed regulation 2600.65(a) with staff. Record of training is attached.

Regulation 2600.65(a) to be reviewed at monthly all staff meeting as well as to be reviewed at Quarterly Quality Improvement meetings on August 14th, 2024, December 2024 and ongoing through quarterly meetings in 2025.

Licensee's Proposed Overall Completion Date: 07/26/2024

Implemented [REDACTED] - 09/10/2024)

81b - Resident Personal Equipment

3. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 07/11/24 at 10:30 am, Resident #1's room had bedside mobility device that was not attached to the bed frame and was not positioned according to the manufacturer's instructions. The gap between the mattress and the device was approximately 6 inches, creating an unsafe condition.

Plan of Correction

Accept [REDACTED] - 08/06/2024)

On 07/11/24, the bedside mobility device located in Resident #1's room was removed by the Maintenance Technician. On 7/11/24, Executive Director verified that no other resident besides Resident #1 had a bedside mobility device.

On 07/11/24, the Executive Director spoke to Resident #1's family regarding the bedside mobility device and the reason for which it had to be removed. Health & Wellness Director as well as Executive Director spoke to family about DHS approved mobility devices.

On 07/17/24, Resident #1's family directed the Executive Director to purchase a DHS approved halo assisted device

81b - Resident Personal Equipment (continued)

for the residents bed. Executive Director reviewed risks of installing the mobility device as well as updated the residents care plan.

On 07/26/24, the halo device was installed by the Maintenance Technician and installed device under the guidelines of DHS.

Monthly room audits to ensure that all bedside mobility devices are DHS approved. This audit will be completed the Executive Director on 07/31/24, 08/31/24 and 9/31/24. Maintenance Director and or Wellness Designee to verify that any new resident moving into Brookdale Dublin has a DHS approved mobility device if applicable.

Regulation 2600.81(b) was reviewed with staff on 07/26/24, 07/30/24 and 07/31/24. Record of training is attached. Regulation to be reviewed by the Executive Director at ALL Quarterly Quality Improvement meetings on August 14th, 2024, December 2024 and ongoing through quarterly meetings in 2025.

Licensee's Proposed Overall Completion Date: 07/26/2024

Implemented (█) - 09/10/2024)

183e - Storing Medications

4. 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.

Description of Violation

The following medications Dental Gel 1% Sodium Fluoride belonging to resident #1 were in the medication's cart. The medication had an expiration date of 02/28/24.

Plan of Correction

Accept (█) - 08/06/2024)

On 07/11/24, the Health & Wellness Director removed the Dental Gel 1% Sodium Fluoride belonging to resident #1. Health & Wellness Director placed an order to the local pharmacy to replace the medication on 07/12/24. Both the residents POA and PCP were updated.

On 07/12/24, Health & Wellness Director audited all med carts to ensure that all expired medications were destroyed. No other expired medications were found. Monthly audits to continue until 10/12/24 and will be completed by Health & Wellness Director and or designee.

On 07/12/24, Health & Wellness Director and Executive Director coached team on regulation 2600.183e and the importance of storing medications properly. This review took place on 07/26/24, 07/30/24, 07/31/24.

Executive Director to review regulation 1600.183 during monthly all staff meeting as well as Quarterly Quality Improvement meetings on August 14th, 2024, December 2024 and ongoing through quarterly meetings in 2025.

Licensee's Proposed Overall Completion Date: 07/26/2024

Implemented (█) - 09/10/2024)

185a - Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 is prescribed Acetaminophen 325mg and Polyethylene Glycol as needed. On 07/11/24 these medication(s) were not available in the home.

Plan of Correction

Accept ([REDACTED] - 08/06/2024)

On 07/11/24, the Health & Wellness Director ordered the Acetaminophen 325mg and Polyethylene Glycol.

On 07/12/24, Health & Wellness Director audited the med cart and verified that all PRN medications were in-house.

On 07/12/24, Health & Wellness Director to complete monthly audits which will take place on the 12th of each month and end on 10/12/24.

On 07/12/24, Health & Wellness Director and Executive Director coached wellness team on regulation 2600.185(a) and ensuring that PRNs are available. This training took place on 07/26/24, 07/30/24 and 07/31/24.

Regulation 2600.185(a) to be reviewed by Executive Director at monthly all staff meetings as well as Quarterly Quality Improvement meetings on August 14th, 2024, December 2024 and ongoing through quarterly meetings in 2025.

Licensee's Proposed Overall Completion Date: 07/26/2024

Implemented ([REDACTED] - 09/10/2024)