

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

April 1, 2026

[REDACTED]
BROOKDALE SENIOR LIVING COMMUNITIES INC
[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 12/30/2025, 01/30/2026 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: *07/16/2026*
 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: *02/19/1993* Issued By: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *99* Waking Staff: *74*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint, Provisional* Exit Conference Date: *12/30/2025*

Inspection Dates and Department Representative

12/30/2025 On Site: [REDACTED]
 01/30/2026 Off Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *120* Residents Served: *72*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Clare Bridge* Capacity: *23* Residents Served: *14*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *72*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *27* Have Physical Disability: *1*

Inspections / Reviews

12/30/2025 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *02/13/2026*

Inspections / Reviews *(continued)*

02/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/18/2026

03/02/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/06/2026

04/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

121a Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at 9:42am, a "Sorry, We're Closed" sign blocked egress from the home's ground floor SDCU emergency exit.

Plan of Correction

Accepted [redacted] - 03/02/2026)

The "Sorry We're Closed" sign blocking the egress from the home's ground floor SDCU emergency exit was removed on the day of survey visit, 12/30/25.

Weekly environmental rounds will be conducted by the Maintenance Manager, or designee, to ensure egress routes remain unobstructed, including signage posted on exit doors that would deter residents from accessing the door. Rounds will be conducted weekly from 3/1/2026-3/31/2026 and monthly thereafter from 4/1/2026-6/30/2026. Environmental rounds will be reviewed by the Executive Director and current managers during the quarterly Quality Management (QM) Meeting by 3/31/2026. QM meeting minutes will be available for review by the Department. The Executive Director will inservice the Maintenance Staff, by 2/20/2026, on this regulation, the violation and the plan to ensure compliance with keeping egresses unblocked, including signage which may deter residents from accessing the exit door. Inservice Attendance Record will be available for review by the Department.

Licensee's Proposed Overall Completion Date: 03/05/2026

Implemented [redacted] 04/01/2026)

125a Combustible Storage

2. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On [redacted] at 9:36am, a large cloth tarp was stored at the base of the boiler in the boiler room.

Plan of Correction

Accepted [redacted] 03/02/2026)

The cloth tarp was removed from the boiler room and relocated to the main storage room by the Maintenance Manager on the day of the survey visit, 12/30/25.

Environmental rounds were completed by the Executive Director and Maintenance Manager to ensure no other combustible or flammable materials are located near any heat sources or hot water heaters on the day of the survey visit, 12/30/25.

The Maintenance Manager, or designee, will complete environmental rounds weekly from 3/1/26 to 3/31/26 and monthly thereafter from 4/1/26 to 6/30/26. Any areas of concerns with combustible materials located near heat sources or hot water heaters will be removed, stored properly and reported to the Executive Director.

Environmental rounds will be reviewed by the Executive Director and current managers during the quarterly Quality Management (QM) Meeting by 3/31/2026. QM meeting minutes will be available for review by the Department.

The Executive Director will inservice the Maintenance staff, by 2/20/2026, on this regulation, the violation and the plan to ensure compliance with keeping combustible or flammable materials away from heat sources or hot water heaters.

125a Combustible Storage (continued)

Licensee's Proposed Overall Completion Date: 03/05/2026

Implemented [redacted] - 04/01/2026)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted].

Plan of Correction

Accept [redacted] 03/02/2026)

An audit of all resident files will be completed by the Health and Wellness Director (HWD), or designee, to ensure the most recent medical evaluation for each resident was completed within a year from the last completed evaluation.

Audit will be completed by 2/28/2026. Audit will be available for review by the Department.

An audit of resident files will be completed by the Executive Director, or designee, to ensure the most recent medical evaluation for each resident was completed within a year from the last completed evaluation. ED will complete monthly audit for residents who are due that month for their annual assessment/DME from 3/1/2026 to 6/30/2026 to ensure compliance. Audits will be available for review by the Department.

Audits will be reviewed by the Executive Director and current managers during the quarterly Quality Management (QM) Meeting by 3/31/2026. QM meeting minutes will be available for review by the Department.

The Executive Director will inservice the Health and Wellness Director and the Health & Wellness Coordinator on this regulation, the violation and plan to ensure compliance by 2/28/26. Inservice Attendance Record will be available for review by the Department.

Licensee's Proposed Overall Completion Date: 03/05/2026

Implemented [redacted] 04/01/2026)

183d - Prescription Current

4. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted] at 9:45am, all of Resident [redacted] medications were located in the Clare Bridge medication cart's narcotics box. Resident [redacted] on [redacted].

Plan of Correction

Accept [redacted] - 03/02/2026)

The medications for Resident [redacted] were removed and disposed of at the time of the survey visit on 12/30/25 by the Health & Wellness Coordinator (HWC).

A medication cart audit was conducted by the HWC on all med carts on 12/31/2025 to ensure only current prescription, OTC, sample and CAM for individuals living in the home are being kept in the home. Audit will be available for review by the Department.

Medication cart audits were conducted by the HWC, or designee, weekly from 1/1/2026 to 3/31/2026 and will be

183d - Prescription Current (continued)

conducted monthly by the HWC, or designee, from 4/1/2026 to 6/30/2026 to ensure compliance with this regulation. Medication Cart audits will be available for review by the Department. Audits will be reviewed by the Executive Director and current managers during the quarterly Quality Management (QM) Meeting by 3/31/2026. QM meeting minutes will be available for review by the Department. Executive Director inserviced the HWD and HWC on this regulation, the violation and plan to ensure only current prescription, OTC, sample and CAM for individuals in the home are kept in the home on 12/31/2025. The HWD will inservice Med Techs on Brookdale's Medication & Treatment Disposal policy by 3/1/2026. In-Service Attendance Records will be available for review by the Department

Licensee's Proposed Overall Completion Date: 03/05/2026

Implemented [redacted] - 04/01/2026)

227g -Support Plan Signatures

5. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] and the assessor participated in the development of [redacted] support plan on [redacted]; however, the resident or the assessor did not sign the support plan.

Resident [redacted] and participated in the development of [redacted] support plan on [redacted] however, the resident did not sign the support plan.

Repeat Violation Date: [redacted]

Plan of Correction

Accept [redacted] - 03/02/2026)

The assessor who participated in the development of the support plan for Resident [redacted] signed on the day of the survey visit, 12/30/2025.

The Health & Wellness Director, or designee, will complete an audit on all resident files to ensure all who participate in the development of the support plan have signed and dated it. The HWD, or designee, will review the support plan with the resident and obtain a signature or note why no signature was obtained for all support plans missing a signature or notation by 3/31/2026. Audit will be made available for review by the Department.

The HWD, or designee, will audit the resident files of all new residents, to ensure all who participate in the development of the support plan have signed and dated it, within the first 30days of move in to the personal care home and within 72hours prior to move in to SDCU.

Audits will be reviewed by the Executive Director and current managers during the quarterly Quality Management (QM) Meeting by 3/31/2026. QM meeting minutes will be available for review by the Department.

The Executive Director will inservice the Health & Wellness Director and the Health & Wellness Coordinator on this regulation, the violation and the plan to ensure compliance with obtaining signatures of all who participate in the development of the support plans and that a date is included by 2/28/2026. Inservice sign in sheet will be made available for review by the department.

Licensee's Proposed Overall Completion Date: 03/05/2026

Implemented [redacted] - 04/01/2026)

227g -Support Plan Signatures *(continued)*