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

May 4, 2026

BKD CLARE BRIDGE OF DUBLIN, LLC

RE: BROOKDALE DUBLIN
160 ELEPHANT ROAD
DUBLIN, PA, 18917
LICENSE/COC#: 15121

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/11/2026 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BROOKDALE DUBLIN* **License #**: *15121* **License Expiration**: *12/06/2026*

Address: *160 ELEPHANT ROAD, DUBLIN, PA 18917*

County: *BUCKS* **Region**: *SOUTHEAST*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *BKD CLARE BRIDGE OF DUBLIN, LLC*

Address:

Phone: **Email**:

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *08/20/1988* **Issued By**: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *44* **Waking Staff**: *33*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Monitoring* **Exit Conference Date**: *02/11/2026*

Inspection Dates and Department Representative

02/11/2026 On Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* **Residents Served**: *22*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care Unit* **Capacity**: *26* **Residents Served**: *22*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *22*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *22* **Have Physical Disability**: *0*

Inspections / Reviews

02/11/2026 - Partial

Lead Inspector: **Follow Up Type**: *POC Submission* **Follow Up Date**: *03/13/2026*

Inspections / Reviews *(continued)*

03/24/2026 POC Submission

Submitted By: [redacted]
Date Submitted: *04/13/2026*
Reviewer: [redacted]
Follow Up Type: *POC Submission* **Follow Up Date:** *03/27/2026*

04/01/2026 POC Submission

Submitted By: [redacted]
Date Submitted: *04/13/2026*
Reviewer: [redacted]
Follow Up Type: *Document Submission* **Follow Up Date:** *04/14/2026*

05/04/2026 Document Submission

Submitted By: [redacted]
Date Submitted: *04/13/2026*
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], resident [redacted] was discovered on the floor; 911 was called, and the resident was sent out to the hospital due to falling. The home did not report this incident to the department until [redacted]

Plan of Correction ***Accept ([redacted] - 04/01/2026)***

The community respectfully requests that this citation be withdrawn, as the fall involving Resident [redacted] on 01/26/2026 was reported to the Department of Human Services on 01/27/2026 via email. Documentation of this communication has been provided to verify 01/27/26 submission. Although the community believes the regulatory requirement was met, the administrator or designee will audit the Reportable Incident Log weekly for two (2) months, beginning 03/30/2026, and then monthly audits for four (4) months. The Reportable Incident Log will be reviewed quarterly as part of the community's Quality Assurance Program.

Licensee's Proposed Overall Completion Date: *04/13/2026*

Implemented ([redacted] - 05/04/2026)

121a - Unobstructed Egress

2. 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 9:45am, a "Sorry We're Closed" sign blocked immediate egress from the homes' back emergency exit.

Plan of Correction ***Accept ([redacted] 04/01/2026)***

The "Sorry, We're Closed" sign was removed immediately on 02/11/2026, and the Clinical Services Specialist inspected the remaining exits to verify all exits were fully accessible and unobstructed. No additional concerns were identified. The Administrator re-educated all managers on the state regulation on 02/17/26. Egress & Exit Door Audits will be completed by the administrator or designee weekly for two (2) months, beginning 03/30/2026, followed by monthly audits for four (4) months. Audit results will be documented and reviewed during monthly QA meetings.

Licensee's Proposed Overall Completion Date: *04/13/2026*

Implemented ([redacted] - 05/04/2026)

183e - Storing Medications

3. Requirements

2600.

183e Storing Medications *(continued)*

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

On , there was a for resident , with the date of opening being . According to the manufacturer's instructions, (insulin glargine) must be discarded 28 days after first use, even if it still contains insulin. Once opened, store the pen at room temperature (up to 86°F/30°C) and away from light/heat. Unopened pens can be stored in the refrigerator (36°F to 46°F) until their printed expiration date.

On there was prescribed as needed for resident with the expiration date being . According to the manufacturer's instructions, prescription medications, OTC medications, and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture, and light.

On , resident s was observed to have a punctured blister foil with the medication still present in spot #5, exposing it to contamination or improper sanitation.

On resident was observed to have a punctured blister foil with the medication still present in spot #8, exposing it to contamination or improper sanitation.

On , resident was observed to have a punctured blister foil with the medication still present in spot #13, exposing it to contamination or improper sanitation.

Plan of Correction ***Accept 04/01/2026)***

Staff responsible for medication administration received re education by the Health & Wellness Director on correct medication storage, expiration tracking, blister pack handling, and manufacturer specific requirements for insulin and other temperature sensitive medications on 02/17/26. To assist with ongoing compliance, the Health & Wellness Director (HWD) or designee will complete weekly Medication Storage Audit Logs for two (2) months, beginning 03/30/2026, as part of the Quality Assurance (QA) program. Audit findings will be reviewed during monthly QA meetings, and any deviation from storage requirements will result in corrective action and staff retraining. The next QA meeting will take place on 04/08/2026, and the administrator will review the audit findings. The Community will maintain all audit logs and training records for DHS review.

Licensee's Proposed Overall Completion Date: *04/13/2026*

Implemented - 05/04/2026)

187b - Date/Time of Medication Admin.

4. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident is prescribed . Resident medication administration record does not include the initials of the staff person who administered it on at 6:00 a.m.

187b Date/Time of Medication Admin. *(continued)*

Plan of Correction ***Accept [redacted] 04/01/2026)***

On [redacted], Resident [redacted] [redacted] was administered at 6:00 a.m., but the staff initials were not documented on the medication administration record (MAR) as required by §2600.187(b). The Health & Wellness Director re educated the Medication Techs on communities medication documentation policy on 02/17/26. To assist with ongoing compliance, the Health & Wellness Director or designee will complete weekly MAR audit logs for two (2) months, beginning 03/30/2026, followed by monthly audits for four (4) months. Audit findings will be reviewed during monthly QA meetings, and any deviation from MAR documentation standards will result in corrective action and retraining. The next QA meeting will take place on 04/08/2026, and the administrator will review the audit findings. All audit logs and training records will be maintained for DHS review.

Licensee's Proposed Overall Completion Date: *04/13/2026*

Implemented [redacted] - 05/04/2026)

252 - Record Content

5. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.

252 - Record Content *(continued)*

26. A termination notice, if any.

Description of Violation

Resident [redacted] record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction ***Accept ([redacted] - 04/01/2026)***

Resident [redacted] record did not contain a photograph that was no more than two years old as required by §2600.252. A current photograph of Resident [redacted] was taken and added to the resident record on 2/02/2026, and the Administrator verified that the photo was correctly dated and stored. The Clinical Services Specialist completed an audit of all resident records on 2/12/2026, confirming that each file contained a current photograph and replacing any outdated or missing photos the same day. To verify ongoing compliance, the Administrator or designee will audit current resident photographs weekly for two (2) months, beginning 03/30/2026, and monthly for three (3) months thereafter.

Licensee's Proposed Overall Completion Date: *04/13/2026*

Implemented ([redacted] - 05/04/2026)