Department of Human Services
Bureau of Human Service Licensing

September 14, 2021

[redacted]
BROOKDALE SENIOR LIVING COMMUNITIES INC
6737 W. WASHINGTON ST, STE 2300
MILWAUKEE, WI 53214

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 06/03/2021, 06/04/2021, 06/25/2021, 06/28/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *BROOKDALE NORTHAMPTON* **License #:** *12714* **License Expiration Date:** *07/16/2021*
Address: *65 RICHBORO-NEWTOWN ROAD, RICHBORO, PA 18954*
County: *BUCKS* **Region:** *SOUTHEAST*

Administrator

Name: [redacted] **Phone:** *2153576565* **Email:** [redacted]

Legal Entity

Name: *BROOKDALE SENIOR LIVING COMMUNITIES INC*
Address: *6737 W. WASHINGTON ST, STE 2300, MILWAUKEE, WI, 53214*
Phone: **Email:** [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *04/23/1993* **Issued By:** *Dept L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *93* **Waking Staff:** *70*

Inspection

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Renewal* **Exit Conference Date:** *06/28/2021*

Inspection Dates and Department Representative

06/03/2021 - On-Site: [redacted]
06/04/2021 - On-Site: [redacted]
06/25/2021 - Off-Site: [redacted]
06/28/2021 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *120* **Residents Served:** *54*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Clare Bridges* **Capacity:** *23* **Residents Served:** *18*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *54*
Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *39* **Have Physical Disability:** *1*

Inspections / Reviews

06/03/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/31/2021*

7/30/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *09/30/2021*

9/14/2021 - Document Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 6/4/2021, a copy of the current licensing inspection summary issued by the Department was not posted in a conspicuous and public place in the home.

Plan of Correction **Accept**

Regulation 2600.3c

Immediately- current licensing inspection summary was reposted in a public place.

June 4, 2021- Executive Director in-serviced the management team regarding the community policy on posting the most recent inspection summary.

The Executive Director or designee will monitor monthly for 3 months to verify the inspection summary remains posted in a conspicuous place.

The Executive Director will monitor results and verify is any further action is required.

Evidence- staff training attendance Attachment A

Completion Date: June 4, 2021

Completion Date: *06/04/2021*

Document Submission **Implemented**

see above

26c - QM Improvement

1. Requirements

2600.

26.c. The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

Description of Violation

The home's quality management plan meeting did not include development and implementation of measures to address issues noted as described in the home's quality management review on 5/3/2021.

26c - QM Improvement *(continued)*

Plan of Correction **Accept**

Regulation 2600.26 c
Immediately- all issues from the Quality Management Meeting on 5/3/21 were reviewed and addressed with a documented plan. Executive Director reviewed areas where a plan was established for follow-up and added documentation requirement to the minutes as an addendum.
June 4, 2021- Executive Director retrained management team on community policy regarding expectation of quality management meeting.
Ongoing-plan for Quality Management Meetings made for Second month of the quarter, second Tuesday. Meeting invitation sent to committee members. A new documentation form was created with a section to review follow-up items from prior meetings with plan for additional strategies when indicated.
Evidence: Documentation of issues that were resolved from prior meeting, form for documenting meeting, training attendance sheet Attachment B
Completion Date: July 29, 2021

Completion Date: *07/29/2021*

Document Submission **Implemented**

see above

56 - Admin 20 Hours/Week

1. **Requirements**

2600.
56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

During calendar month May 2021, The administrator was present in the home an average of 8 hours per week.

Plan of Correction **Accept**

Regulation 2600.56
Immediately- Covering Executive Director revised the schedule to include Tuesday and Thursdays 7:30-5:30 PM adding up to the required twenty hours until the newly hired Executive Director is in place August 2021.
June 4, 2021- The Executive Director was re-trained on the community policy by the District Director of Clinical Services.
Ongoing – The Executive Director coverage schedule will be reviewed by the District Director of Operations to verify if any further action is required.
Evidence: Revised schedule, training attendance sheet Attachment C
Completion Date- June 8, 2021

Completion Date: *06/08/2021*

Document Submission **Implemented**

see above

107d - Procedure Emergency Management Agency Submission

1. **Requirements**

2600.

107d - Procedure Emergency Management Agency Submission *(continued)*

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency for the calendar year 2020.

Plan of Correction **Accept**

Regulation 2600.107 (d)
Immediately- The emergency procedures were submitted to the local emergency management agency and a receipt was secured.
On June 24, 2021- Executive Director re-trained the Maintenance Manager on community policy that requires the home to submit the written emergency procedures to the local emergency management agency.
Ongoing- The Executive Director will follow up yearly, to verify the Emergency Procedures are submitted and confirmed by the local emergency management. An Outlook calendar notation will be used as a reminder for the Executive Director and the Maintenance Manager. The Executive Director will verify if any further action is warranted.
Evidence – copy of receipt confirmation by the local emergency management agency of the plan, retraining attendance sheet Attachment D
Completion Date: June 23, 2021

Completion Date: *06/23/2021*

Document Submission **Implemented**

see above

130g - Smoke Detector Repair

1. Requirements

2600.
130.g. If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

Description of Violation

The home's emergency procedures policy do not indicate that repairs to the smoke detector shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

130g - Smoke Detector Repair *(continued)*

Plan of Correction **Accept**

Regulation 2600.130 (g)
Immediately- The policy on smoke detector repair was revised to include time frame for repair once found to be inoperable.
July 30, 2021- Regional Maintenance Technician/ Executive Director in-serviced appropriate maintenance staff regarding the community policy on smoke detector repairs.
Ongoing- work orders regarding inoperable fire alarms and smoke detectors will be completed immediately as well as actions to perform necessary repairs.
Evidence: In-service attendance sheet, revised policy on smoke detector repairs Attachment E
Completed date: June 27, 2021 and ongoing

Completion Date: *06/27/2021*

Document Submission **Implemented**

see above

162c - Menus Posted

1. **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 6/4/2021, the home's menu was posted for the current week of 5/30/2021- 6/5/2021 only. The menu for the following week was not posted in a conspicuous and public place in the home.

Plan of Correction **Accept**

Regulation 2600.162 c
Immediately- The menu for 2 weeks was posted.
June 8, 2021- Executive Director retrained Dining Services Manager on the community policy regarding posting two weeks of menus.
Ongoing- The Dining Director or designee will audit menu postings weekly for 2 months.
The Executive Director will review the audit results to verify if any further action is warranted.
Evidence: Two weeks' worth of menus, training attendance sheet Attachment F
Completion date: June 8, 2021

Completion Date: *06/08/2021*

Document Submission **Implemented**

see above

181a - Self-adminstration Assist

1. **Requirements**

2600.

181a - Self-adminstration Assist *(continued)*

181.a. A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.

Description of Violation

Resident #1's self administers medications. The support plan indicates that the resident will receive staff assistance with coordination and ordering of medications, will receive staff attention while resident self-administers medications, and will receive assistance with storage of medications.

The home has failed to provide this assistance, resulting in the presence of expired medications in the resident's room, prescribed medications not being available in the home, and discontinued medication not being updated on the prescriber's order summary. The home does not keep medication administration records to show that staff is providing the resident with assistance with the tasks outlined in the support plan.

Plan of Correction **Accept**

Regulation 2600.181(a)
Immediately: Expired medication was discarded and reordered by the physician then provided within 24 hours to the resident. MAR was updated to include all medications resident #1 was self-administering.
June 7-11, 2021- Health and Wellness Director re-trained the Medication Technicians and LPN's on the community policy regarding all medications being listed on the MAR and available for administration including those that are self-administered. Resident #1 was reminded to let the Wellness Office staff know when medication orders are changed so the MAR can be updated or assist with refills.
June 7, 2021- Ongoing audit process was initiated by the Medication Technicians. This policy will be in effect daily for two weeks and then weekly thereafter. All residents who self-administer their own medications were also audited for accurate listing in the MAR of all current medications.
The Health and Wellness Coordinator or designee will review the audit results and identify issues for correction with the Health and Wellness Coordinator when immediate action is indicated.
Ongoing-The Health and Wellness Director will review medication cart audits and medications listing results for those that self-medicate for verification of completion and to identify if any further action is warranted.
Evidence: attendance sheet, Medication Administration Audit form. Attachment G
Completion Date- June 23, 2021 and ongoing

Completion Date: *06/23/2021*

Document Submission **Implemented**

see above

181f - Record of Medication

1. **Requirements**

2600.
181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 6/4/2021, resident 1's record did not include a current list of medications. The list in the resident's record did not include Miconazole Nitrate Cream 2% and Prednisone tab 20mg.

181f - Record of Medication *(continued)*

Plan of Correction **Accept**

Regulation 2600.181(f) Medication Record
Immediate- Expired medications were discarded according to community policy. Medication orders were renewed by the physician and medications reordered and then secured for resident #1 to self-administer.
June 7-11, 2021- Health and Wellness Director retrained Medication Technicians and LPN's on the community policy regarding reviewing the MAR of residents who self-administer medications. Resident #1 was retrained on the community policy regarding notifying the Wellness Office when medication are expired and need to be reordered as well as retraining on checking the expiration dates.
June 7, 2021- Audit process was initiated by the Medication Technicians. This policy will be in effect daily for two weeks and then weekly thereafter weekly.
The Health and Wellness Coordinator or designee will review the audit results and identify issues for correction.
Ongoing-The Health and Wellness Director will review medication audits for verification of completion and to identify if any further action is warranted.
Evidence: attendance sheet, Medication Administration Audit form. Attachment H
Completion Date- June 23, 2021 and ongoing

Completion Date: *06/23/2021*

Document Submission **Implemented**

see above

183f - Discontinued Medications

1. **Requirements**

2600.
183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Hydrocortisone Cream 2.5% and Milk of Magnesia 400mg belonging to resident #1 expired in January 2018. The medications were stored in the resident's room.

183f - Discontinued Medications *(continued)*

Plan of Correction **Accept**

Regulation 2600.183(f) Discontinued Medications
Immediately- Discontinued medications were removed from resident #1's self-administration storage area in [redacted] room. Medications reordered by the physician, ordered from the pharmacy and in place within 24 hours in resident #1's room.
June 7-11, 2021- Medication Technicians and LPN's were re-trained on the community policy regarding medication listing on the MAR matching what is in the resident room by the Health and Wellness Director.
June 7, 2021- Ongoing audit process was initiated by the Medication Technicians. This policy will be in effect daily for two weeks and then weekly thereafter. Resident's medications who self-administer will also be reviewed.
The Health and Wellness Coordinator or designee will review the audit results and identify issues for correction with the Health and Wellness Coordinator when immediate action is indicated.
Ongoing-The Health and Wellness Director will review medication audits for verification of completion and to identify if any further action is warranted.
Evidence: attendance sheet, Medication Administration Audit form. Attachment I
Completion Date- June 23, 2021 and ongoing

Completion Date: *06/23/2021*

Document Submission **Implemented**

see above

185a - Implement Storage Procedures

1. **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 Repeat Violation

Resident #2 is prescribed MiraLax as needed. On 6/4/2021, the medication was not available in the home.

Repeated Violation: 3/9/2020

185a - Implement Storage Procedures *(continued)*

Plan of Correction **Accept**

Regulation 2600.185 (a) Storage of Medications
Immediately- The medication was discontinued by the physician.
June 7-11, 2021- Medication Technicians and LPN's were re-trained on the community policy regarding medications listed on the MAR being available in the home.
June 7, 2021- Ongoing audit process was initiated by the overnight shift Medication Technician. This policy will be in effect daily for two weeks and then weekly thereafter.
The Health and Wellness Coordinator or designee will review the audit results and identify issues for correction with the Health and Wellness Coordinator when immediate action is indicated.
Ongoing-The Health and Wellness Director will review medication cart audits for verification of completion and to identify if any further action is warranted.
Evidence: attendance sheet, Medication Administration Audit form. Attachment J
Completion Date- June 23, 2021 and ongoing

Completion Date: *06/23/2021*

Document Submission **Implemented**

see above

227b - Support Plan Content

1. **Requirements**

2600.
227.b. A home may use its own support plan form if it includes the same information as the Department's support plan form.

Description of Violation

The home does not use the Department's support plan form. The home's support plan does not include spaces to indicate frequency and responsible party and relies on the user to indicate this in text.

The home was issued a letter on 9/28/12 from the Department indicating that the home may use the "Pennsylvania Addendum to the Personal Service Assessment" form submitted with their request in lieu of the Department's RASP. The approved form that accompanied this letter differs from the "Personal Service Plan" that the home is currently utilizing.

227b - Support Plan Content *(continued)*

Plan of Correction **Accept**

Regulation 2600.227(b)
The home believed they were in compliance with this regulation since approval had been given in 2012 for use of the Brookdale PA Addendum in conjunction with the Brookdale Service Plan. The form being utilized was approved but was converted into an electronic form 2 years ago as part of the form conversion into Point Click Care for electronic medical record purposes.
Immediately- Plans are currently in place to revise the PA Addendum form electronically in Point Click Care to include the frequency and responsible party in checkbox form. The electronic form revision will then be submitted to the Director of the Department for approval.
Following approval of the form from the Department, implementation will proceed to all 10 Pennsylvania Brookdale communities where training will occur given by the District Director of Clinical Services.
Ongoing- The Health and Wellness Director in each Brookdale community will audit support plan documentation monthly for 3 months following implementation.
The District Director of Clinical Services will audit the results of these reviews to verify if any further action is warranted. HWD will audit 2 support plans weekly for compliance with this requirement until the new support plan is revised .
Evidence: letter approving the support plan from 2012 Attachment K
Completion date: September 28,2012

Completion Date: *09/28/2012*

Document Submission **Implemented**

Regulation 2600.227(b)
The home believed they were in compliance with this regulation since approval had been given in 2012 for use of the Brookdale PA Addendum in conjunction with the Brookdale Service Plan. The form being utilized was approved but was converted into an electronic form 2 years ago as part of the form conversion into Point Click Care for electronic medical record purposes.
Immediately- The PA Addendum form has been revised electronically in Point Click Care to include the frequency and responsible party in checkbox form to be used instead of a narrative response. The electronic form revision will also then be submitted to the Director of the Department for review.
August 11, 2021- The District Director of Clinical Services trained the Health and Wellness Directors from all 10 communities on the revisions to the form.
August 30, 2021 -The revised electronic PA Addendum form was implemented in all 10 Pennsylvania Brookdale communities.
Ongoing- The Health and Wellness Director will audit a random selection of support plans with PA addendum documentation monthly for 3 months.
The District Director of Clinical Services will audit the results of these reviews to verify if any further action is warranted.
Evidence: letter approving the Service Plan/RASP from 2012, revised PA addendum, attendance on training
Completion date: August 30, 2021

227g -Support Plan Signatures

1. **Requirements**
   2600.

227g -Support Plan Signatures *(continued)*

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

Description of Repeat Violation

Resident #1 participated in the development of their support plan on 12/15/2020. The resident did not sign the support plan.

Repeated Violation: 6/4/2020

Plan of Correction **Accept**

Regulation 2600.227 (g)
Immediately: Resident #1 reviewed the support plan and signed it. There were no changes in [redacted] plan and resident remains independent with no care needs.
June 4, 2021-Executive Director retrained appropriate clinical staff on the community policy regarding Personal Support Plans with resident signatures documented. When a resident is unable to sign, a notation will be made why and include 2 signature verifying the information. All charts were audited for resident signatures and/or notations on support plans.
Ongoing- When support plans are updated Health and Wellness Coordinator or designee will verify the signature has been secured prior to filing in the record.
The Health and Wellness Director will randomly audit support plans for compliance for 2 months to verify if any further action is warranted.
Evidence: Signed support plan, training attendance sheet Attachment L
Completion date: June 23, 2021 and ongoing

Completion Date: *06/23/2021*

Document Submission **Implemented**

see above

252 - Record Content

1. **Requirements**

2600.
252. Content of Resident Records - Each resident's record must include the following information:
3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #1's record does not include a photograph of the resident that is no more than 2 years old. The resident's most recent photograph is dated March 2018.

252 - Record Content *(continued)*

Plan of Correction **Accept**

Regulation 2600.252
Immediately: New picture of Resident #1 was taken and placed in the medical record.
June 5, 2021- Executive Director retrained appropriate management staff on the community policy regarding resident pictures. All resident records were audited for current photos by the Health and Wellness Coordinator and replaced if any were noted to be over 2 years old.
Ongoing- A process was put in place where resident photos are taken annually and replaced as indicated.
The Health and Wellness Director will review audit results to verify if any further action is warranted.
Evidence: resident picture, training attendance sheet Attachment L
Completion date: June 23, 2021

Completion Date: *06/23/2021*

Document Submission **Implemented**

see above