

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

August 12, 2025

[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 06/02/2025 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:** 07/16/2025
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:** 88 **Waking Staff:** 66

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 06/02/2025

Inspection Dates and Department Representative

06/02/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 120 **Residents Served:** 71
Secured Dementia Care Unit
In Home: Yes **Area:** Clare Bridge **Capacity:** 25 **Residents Served:** 12
Hospice
Current Residents: 8
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 71
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 17 **Have Physical Disability:** 1

Inspections / Reviews

06/02/2025 - Partial
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 06/26/2025

Inspections / Reviews *(continued)*

06/26/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/30/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/01/2025

08/12/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/30/2025

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] at 10am, Resident [redacted] called [redacted] to report that [redacted] had been [redacted]. The home did not report this incident to the department until [redacted]

Plan of Correction

Accept [redacted] - 06/26/2025)

Staff will report to the Health & Wellness Director, or designee, if there is an occurrence that is potentially a reportable event.. A Reportable Incident will be completed and submitted to the Department within 24hours of the incident occurring, as required. A Reportable Incident Log will be maintained, noting information such as date/time of incident and date/time reported to the Department beginning 7/1/2025.

The Executive Director will discuss reportable incidents during the quarterly Quality Management meeting by 8/31/2025. QM meeting minutes will be available for review by the Department.

The Executive Director will inservice the HWD, Health & Wellness Coordinator(s) (HWC), Med Techs and current department managers on Reportable Incidents and requirements for reporting (2600.16c) by 8/1/2025.

The inservice sign-in sheets will be available for review by the Department.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented [redacted] 08/12/2025)

184b - Labeling OTC/CAM

2. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [redacted] two bottles of Super B Complex and two bottles of Women's Daily Vitamin with Iron belonging to unknown residents were found in the first floor medication cart. They were not labeled with the residents' names.

Plan of Correction

Accept [redacted] - 06/26/2025)

The two bottles of Super B Complex and two bottles of Women's Daily Vitamin with Iron were removed from the first floor med cart at the time of the Department visit on 6/2/2025.

An audit of all med carts will be completed by the HWD, or designee, by 6/30/25 to verify that any OTC meds and CAM that belong to a resident are identified with that resident's name.

Ongoing med cart audits will be conducted weekly by the HWD, or designee, to check that all residents' OTC meds and CAMs are identified with a resident's name from 7/1/25 until 9/30/25. Audits will be available for review by the Department.

The Executive Director will inservice the Health & Wellness Director, Heath & Wellness Coordinator(s) and current MedTechs on regulation 2600.184b, the violation and the plan to verify OTC meds and CAM are identified with a resident's name by 8/1/2025. Inservice sign-in sheet will be available for review by the Department.

Med cart audits will be reviewed by the Executive Director with current department managers during the quarterly Quality Management meeting; completed by 8/31/25.

184b Labeling OTC/CAM (continued)

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented () 08/12/2025)

187d - Follow Prescriber's Orders

3. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] give one tablet by mouth three times a day for [REDACTED] On [REDACTED] at 2100, this medication was not given as it was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] give one tablet by mouth at bedtime. This medication was not administered on [REDACTED] and [REDACTED]

Resident [REDACTED] is prescribed [REDACTED] give one tablet by mouth three times per day for [REDACTED]. This medication was not administered at all on [REDACTED]. The morning dose was not administered on [REDACTED]

Plan of Correction

Accept [REDACTED] - 06/26/2025)

The Health & Wellness Director is investigating the occurrence of the prescribed [REDACTED] give one tablet by mouth three times a day for anxiety not being given on 4/29/25 at 2100 as it was not available in the home. Investigation will be completed by 6/30/25.

The Health & Wellness Director is investigating the occurrences of the prescribed [REDACTED] give one tablet by mouth at bedtime not being given on 5/15, 5/19, 5/21, 5/22 and 5/23. Investigation will be completed by 6/30/25.

The Health & Wellness Director is investigating the occurrence of the prescribed [REDACTED] tablet 500mg give one tablet by mouth three times per day for mood stabilizer not being given at all on 5/17 and morning dose not given on 5/18. Investigation will be completed by 6/30/25.

Results of investigations will be made available for review by the Department.

An audit will be completed by the HWD, or designee, to ensure that all medications are given as prescribed by 6/30/2025. The findings of the audit will be reviewed with resident physicians as appropriate by 7/3/2025. Any orders or instructions with regards to this audit will be followed up on by the HWD, or designee, as prescribed.

An audit to determine if medications are given as prescribed will be conducted by the HWD, or designee, 5x/week from 7/1 7/31/25; 3x/week 8/1 8/31/25; and 1x/week 9/1 9/30/25.

All completed audits will be made available for review by the Department.

The HWD will review investigation and audit results at the quarterly Quality Management meeting; completed by 8/31/2025.

The HWD will inservice the HWCs and MedTechs on our procedures for coding medication passes properly and according to Brookdale policy by 8/1/2025.

The Executive Director will inservice the HWD, HWCs, MedTechs and all department managers on this violation and the plan of correction by 8/1/2025.

Signed inservice sheets will be available for review by the Department.

187d Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented [REDACTED] - 08/12/2025)

227g -Support Plan Signatures

4. 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] participated in the development of [REDACTED] support plan on [REDACTED] however, the resident did not sign the support plan.

Plan of Correction

Accept [REDACTED] - 06/26/2025)

The support plan for resident [REDACTED] dated [REDACTED], was updated on [REDACTED], to include the refusal to sign and request that brother signed.

The Executive Director, or designee, will complete an audit on all resident files to ensure all support plans have a resident signature or notation why the resident did not sign by 6/30/25. 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 7/31/2025. Audit will be made available for review by the Department. The Executive Director will inservice HWD & HWC on this regulation, the violation and plan of correction by 8/1/2025. Signed inservice sheet will be available for review by the Department.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented [REDACTED] - 08/12/2025)