

Department of Human Services  
Bureau of Human Service Licensing

February 18, 2021

[REDACTED] ADMINISTRATOR  
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 02/01/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Shawn Parker

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 DUBLIN* License #: *12735* License Expiration Date: *11/08/2021*  
Address : *160 ELEPHANT ROAD, DUBLIN, PA 18917*  
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2152491700* Email: [REDACTED]

Legal Entity

Name: *BROOKDALE SENIOR LIVING COMMUNITIES INC*  
Address: *160 ELEPHANT ROAD, DUBLIN, PA, 18917*  
Phone: *2152491700* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/20/1997* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Working Staff: *14*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *02/01/2021*

Inspection Dates and Department Representative

02/01/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* Residents Served: *9*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire facility* Capacity: *26* Residents Served: *9*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>9</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>9</i>	Have Physical Disability: <i>0</i>

## Inspections / Reviews

02/01/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *02/17/2021*

2/17/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/22/2021*

2/18/2021 - Document Submission

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

## 85a - Sanitary Conditions

## 1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

## Description of Violation

Resident #3's medication administration record [REDACTED] on 1/23/21 of [REDACTED] does not show on resident #3's [REDACTED]. The reading on 1/23/21 of [REDACTED] shows on the home's back up [REDACTED] and was confirmed by staff to be used on 1/23/21. The home's back up [REDACTED] also shows two previous readings from 7/14/20 of [REDACTED] and 6/10/19 of [REDACTED]. Resident #3 is currently the only resident in the home that uses a [REDACTED] and was admitted on [REDACTED]. The home's back up [REDACTED] has been shared between past and current residents.

## Plan of Correction

Accept

Regulation 2600.85(a)

Immediately- back-up [REDACTED] was discarded on February 1st, 2021.

February 3, 2021- Med Techs were retrained on the community policy regarding use of glucometers by the Executive Director and Health and Wellness Director.

February 4, 2021- The Health and Wellness Director ordered and will keep on hand a new [REDACTED] for use in emergencies as a back-up. A [REDACTED] will be assigned to each resident as indicated. If a [REDACTED] malfunctions the backup [REDACTED] will be used and then assigned to that resident. It will then be replaced by a new one to use as a back-up. All [REDACTED] assigned to a specific resident are labeled with that resident name.

Ongoing- The Health and Wellness Coordinator or designee will audit the use of the [REDACTED] weekly. The Health and Wellness Director will review the audit results to determine if any further action is warranted.

Evidence: Attendance In-service sheet

Completion Date- February 12, 2021

Completion Date: 02/12/2021

## Document Submission

Implemented

see Attached

## 101j5 - Bedside Table/Shelf

## 1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

5. A bedside table or a shelf.

## Description of Violation

There is no bedside table or shelf beside resident #4's bed in bedroom # [REDACTED]

## 101j5 - Bedside Table/Shelf (continued)

## Plan of Correction

Accept

Regulation 2600.101(j5)

*mmediately - February 1, 2021, a bedside table was placed beside the bed of Resident #1.**mmediately- All resident rooms were checked to assure there was a bedside table or shelf available to the resident.**February 3, 2021- In-service for appropriate staff by the Health and Wellness Director regarding the community policy on furniture placement requirements in resident rooms.**Ongoing- resident rooms will be periodically monitored for relocation of furniture by the Health and Wellness Coordinator or designee. The Health and Wellness Director will review the results of these audits to determine if any further action is warranted.**Evidence: signed In-service attendance sheet**Completed date: February 1, 2021 and ongoing***Completion Date:** 02/12/2021

## Document Submission

Implemented

*see attached*

## 141a - Medical Evaluation

## 1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

## Description of Violation

*Resident #1 was admitted into the home on [REDACTED] and [REDACTED] medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident.*

## Plan of Correction

Accept

Regulation 2600.141a

*mmediately- all charts were audited and each original DME was placed in a protective sleeve with a label that notes "do not remove from chart".**February 2, 2021- Executive Director retrained the appropriate staff regarding maintaining the original DME on each medical record.**The Health and Wellness Director and Health and Wellness Coordinator will document on the chart checklist for all incoming residents and check to verify that each chart contains all the items required on move-in. All original DME's will be placed in a sleeve labeled 'do not remove from record'.**Ongoing- The Health and Wellness Coordinator will review all move-in paperwork to verify it is correct and secured according to community policy in each record. The Health and Wellness Director will review and verify if all DME's are correctly filed in the medical record.**Evidence: Chart Move-in Checklist, training sheet**Completion date: February 3, 2021 and ongoing***Completion Date:** 02/03/2021

## Document Submission

Implemented

*see attached*

## 184a - Labeling OTC/CAM

## 1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

## Description of Violation

Resident #1's [REDACTED] for supplement label shows take [REDACTED], however the medication administration record reads take [REDACTED].

Resident #2's [REDACTED] label reads give [REDACTED] however, the medication administration record reads give [REDACTED].

## Plan of Correction

Accept

Regulation 2600.184(a)

immediately- The labels were updated to match the physician orders in the MAR.

February 3-8, 2021- Medication Technicians and LPN were re-trained on the community policy regarding correct medication labeling according the doctors' orders by the Health and Wellness Director.

February 3, 2021- Ongoing audit process was initiated by the overnight shift Medication Technicians. This policy will be in effect daily for two weeks and then weekly thereafter. Nightly assignment sheets also remind Medication Technicians to audit the cart.

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, copy of assignment sheet.

Completion Date- February 10, 2021 and ongoing

Completion Date: 02/12/2021

## Document Submission

Implemented

see attached

## 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 Violation

Resident #2 is prescribed [REDACTED] for [REDACTED]. On 2/1/21 this medication was not available in the home.

## 185a - Implement Storage Procedures (continued)

## Plan of Correction

Accept

Regulation 2600.185(a)

immediately- [REDACTED] was reordered from the pharmacy.

February 3-8, 2021- Medication Technicians were re-trained on the community policy regarding reordering medications by the Health and Wellness Director.

February 3, 2021- Medication cart audit process was initiated by overnight shift Medication Technicians. This policy will be in effect daily for two weeks and then weekly thereafter. Nightly assignment sheets also remind Medication Technicians to audit the medication cart.

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 weekly for verification of completion and to identify if any further action is warranted.

Evidence: attendance sheet, Medication Administration Audit form, copy of assignment sheet.

Completion Date- February 10, 2021 and ongoing

Completion Date: 02/12/2021

## Document Submission

Implemented

see attached

## 187b - Date/Time of Medication Admin.

## 1. 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 #1 is prescribed [REDACTED] and [REDACTED]. Resident #1's medication administration record does not include the initials of the staff person who administered [REDACTED] and [REDACTED] on 1/12/21 at 9:00pm.

## Plan of Correction

Accept

Regulation 2600187(b)

February 3-8, 2021- Medication Technicians were re-trained on the community policy regarding timely documentation of medication administration by the Health and Wellness Director.

A missed medication audit review in Point Click Care will be completed weekly by the Health and Wellness Coordinator or designee to identify if any medications were not documented. Immediate follow-up with staff will be completed for any missed documentation.

The Health and Wellness Director will review medication audits weekly for completion and to identify if any further action is warranted.

Evidence: attendance sheet

Completion Date- February 10, 2021

Completion Date: 02/12/2021

## Document Submission

Implemented

see attached

## 231b - Medical Evaluation

## 1. Requirements

2600.

- 231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

## Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] however, the resident did not have a medical evaluation was completed within 60 days prior to admission.

## Plan of Correction

Accept

Regulation 2600.231b

Immediately- all charts were audited and each original DME was placed in a protective sleeve with a label that notes "do not remove from chart".

February 2, 2021- Executive Director retrained the appropriate staff regarding obtaining a Medical Examination for the resident within 60 days prior to being admitted.

The Health and Wellness Director and Health and Wellness Coordinator will document on the chart checklist for all incoming residents and check to verify that each chart contains all the items required on move-in. All original DME's will be placed in a sleeve labeled 'do not remove from record'.

Ongoing- The Health and Wellness Coordinator will review all move-in paperwork to verify it is correct and secured according to community policy in each record. The Health and Wellness Director will review and verify if all DME's are correctly filed in the medical record.

Evidence: Chart Move-in Checklist, training sheet

Completion date: February 3, 2021 and ongoing

Completion Date: 02/12/2021

## Document Submission

Implemented

see attached