

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

December 4, 2024

[REDACTED]  
BKD Clare Bridge of Dublin, LLC  
[REDACTED]  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/23/2024 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 DUBLIN* License #: *15121* License Expiration:

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

County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *BKD Clare Bridge of Dublin, LLC*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *08/20/1998* Issued By: *CWOPA L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

**Inspection Information**

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

Reason: *Change Legal Entity* Exit Conference Date: *10/23/2024*

**Inspection Dates and Department Representative**

10/23/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: Residents Served: *22*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Entire home* 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: *2* Diagnosed with Intellectual Disability: *0*

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

**Inspections / Reviews**

10/23/2024 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/08/2024*

11/06/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/27/2024*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/02/2024*

Inspections / Reviews *(continued)*

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/27/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Two bottles of [REDACTED], an Old Spice deodorant, two tubes of Colgate toothpaste, a tube of Crest toothpaste, and a bottle of Crest 3D White mouthwash, all with a manufacturer's label stating, "If swallowed, get medical help or contact a Poison Control Center immediately," were unlocked, unattended, and accessible near Resident [REDACTED] bathroom sink. Not all residents of the home, including Resident [REDACTED] have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 11/06/2024)

The following is the Plan of Correction for Brookdale Dublin in regard to the Statement of Deficiency dated October 29, 2024 for partial survey inspection on 10/23/2024. The Plan of Correction report is not to be construed as an admission of or agreement with, the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective.

October 23, 2024- Two bottles of [REDACTED], Old Spice deodorant, two tubes of Colgate toothpaste, a tube of Crest toothpaste, and a bottle of Crest 3D white mouthwash were immediately removed from resident [REDACTED] room and locked in an area inaccessible to residents who are not safe to use the above listed items unsupervised and also avoid poisonous materials.

October 29, 2024- Resident [REDACTED], was provided with a container that locks to keep personal items in. Resident and family educated that items must be locked in container when resident [REDACTED] is not using items.

October 30, 2024- ED or designee completed a community wide resident rooms audit to check for unsecure items and or poisonous materials in resident rooms.

November 14, 2024 – ED or designee will re-educate associates that residents who are allowed to handle poisonous materials in the community must keep items locked while they are not utilizing items.

To assist with ongoing compliance, the HWD or designee will complete weekly audits X4 and then monthly audits x 2 of resident room to verify that there are no unsecure items and or poisonous materials in resident rooms starting November 4, 2024.

The ED will monitor results and verify if any further action is required.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 12/04/2024)

85e - Trash Outside Home

2. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

85e Trash Outside Home (continued)

Description of Violation

On [redacted] at 9:38 a.m., a large black trash bag was placed on top of the trash receptacle outside the building.

Plan of Correction

Accept [redacted] - 11/06/2024)

October 23, 2024 Black trash bag was immediately removed from on top of trash receptacle outside of building.

November 14, 2024 Community staff will be re educated by ED or designee that trash must be placed into the community trash receptacle outside of the building and there should not be any garbage placed on top of trash receptacle.

November 4, 2024 To assist with ongoing compliance, the Maintenance director or designee will audit dumpster area 5 times a week for 30 days and then weekly for 2 months to verify there is no trash on top of dumpster.

The ED will monitor results and verify if any further action is required

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] - 12/04/2024)

91 - Telephone Numbers

3. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers, including those for the nearest hospital and fire department, on or near the telephone by the associate timeclock/storage area.

Plan of Correction

Accept [redacted] - 11/06/2024)

October 23, 2024 Emergency telephone phone numbers, including nearest hospital and fire department, were immediately placed by telephone by the associate's time clock/storage area.

October 30, 2024 ED re educated management team that emergency phone numbers, including nearest hospital and fire department, list must be at phone located at the associate's time clock/storage area.

November 4, 2024 To assist with ongoing compliance, the ED or designee will perform weekly audits for 4 weeks, followed by monthly audits x 2 months to ensure the emergency phone number list is located by the telephone next to the associate's time clock/storage area.

The ED will monitor results and verify if any further action is required.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] - 12/04/2024)

95 - Furniture and Equipment

4. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [redacted] at 10:10 a.m., the bathroom sink in Room [redacted] was clogged, and the water would not drain. At 10:15

95 - Furniture and Equipment (continued)

a.m., the water had still not drained.

Plan of Correction

Accept [REDACTED] - 11/06/2024)

October 23, 2024- Sink in unit [REDACTED] was unclogged and repaired by maintenance and the water drained.

October 30, 2024- Maintenance director or designee will complete a community wide audit of residents sinks to verify they are draining correctly.

November 14, 2024- ED or designee will re-educate community associates to report any clogged or slow draining sinks to Maintenance or put a ticket into Brookdale's TELS system for maintenance director to follow up and fix.

November 4, 2024- To assist with ongoing compliance, the Maintenance Director or designee will complete an audit weekly x 4 weeks and then monthly x2 of resident rooms to verify sinks are draining properly.

The ED will monitor results and verify if any further action is required.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 12/04/2024)

102h - Toilet Paper

5. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On [REDACTED] at 10:20 a.m., there was no toilet paper in the bathroom of Resident [REDACTED]

Plan of Correction

Accept ([REDACTED] 11/06/2024)

October 23, 2024 – Toilet paper placed immediately in Resident [REDACTED] bathroom.

October 30, 2024- ED completed community wide audit to verify that occupied resident units have toilet paper in bathroom. After completion of audit, there were no additional units noted without toilet paper.

November 14, 2024- Community associates will be re-trained to replace missing toilet paper in resident's bathroom.

November 4, 2024- To assist with ongoing compliance, maintenance director or designee, will complete random audits of resident bathrooms weekly for 4 weeks and monthly x2 months thereafter to verify that resident's bathrooms have toilet paper in place.

The ED will monitor results and verify if any further action is required

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] 12/04/2024)

107d - Procedure Emergency Management Agency Submission

6. Requirements

2600.

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

107d Procedure Emergency Management Agency Submission (continued)

since 2020.

Plan of Correction

Accept [redacted] - 11/06/2024)

October 23, 2024 The homes written emergency preparedness plan was submitted to Bucks County Emergency Management Agency and e mail receipt was received.

Licensee's Proposed Overall Completion Date: 11/05/2024

Implemented [redacted] - 12/04/2024)

183b - Meds and Syringes Locked

7. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at 10:12 a.m., two bottles of [redacted] which were not labeled with the residents name but belonged to Resident [redacted], were found unlocked, unattended, and accessible in their bathroom cabinet.

Plan of Correction

Accept [redacted] - 11/06/2024)

October 23, 2024 Resident [redacted] two bottles of [redacted] was immediately removed from room, labeled with resident [redacted] 3 name, and locked in an area inaccessible to residents who are not safe to use the above listed items unsupervised and also avoid poisonous materials.

October 29, 2024 Resident [redacted], was provided with a container that locks to keep personal items in. Resident and family educated that items must be locked in container when resident [redacted] is not using items

November 14, 2024 ED or designee will re educated all Medication Technicians & nurses that over the counter medications must be labeled with resident's name and confirmed with a physician's order for use.

November 4, 2024 To assist with ongoing compliance, the Health and Wellness Director or designee will complete audits weekly x4 weeks and monthly x2 months to verify that all over the counter medication are labeled with resident's name.

The ED will monitor results and verify if any further action is required.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] - 12/04/2024)

221c - Post Activity Calendar

8. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

On [redacted] the home did not have a current weekly activity calendar posted in a public and conspicuous place. The posted activity calendar is dated [redacted]

Plan of Correction

Accept [redacted] 11/06/2024)

October 23, 2024 Interim Clare Bridge Coordinator was re educated that monthly activity calendar must be completed and posted monthly.

November 1, 2024 November activity calendar was posted in a public.

221c - Post Activity Calendar (continued)

November 4, 2024- To assist with ongoing compliance the CB Coordinator, or designee, will complete monthly audits x 3 months to verify monthly activity calendar is posted.

The ED will monitor results and verify if any further action is required.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 12/04/2024)