

Department of Human Services
Bureau of Human Service Licensing

October 28, 2021

[REDACTED] SECRETARY
[REDACTED]

RE: BROOKDALE BLOOMSBURG
420 SHAFFER ROAD
BLOOMSBURG, PA, 17815
LICENSE/COC#: 21120

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/29/2021, 06/30/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

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 BLOOMSBURG

License #: 21120

License Expiration Date: 07/10/2022

Address: 420 SHAFFER ROAD, BLOOMSBURG, PA 17815

County: COLUMBIA

Region: NORTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 02/26/1997

Issued By: PA L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 35

Waking Staff: 26

Inspection

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 06/30/2021

Inspection Dates and Department Representative

06/29/2021 - On-Site: [REDACTED]

06/30/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 67

Residents Served: 35

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 35

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

06/29/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 09/03/2021

9/30/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: 10/04/2021

10/28/2021 - Document Submission

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

91 - Telephone Numbers

1. 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

Resident room #21 did not have the required emergency numbers posted near or by the phone as required.

Plan of Correction

Accept

Immediately- The emergency number was found in the resident's closet, where she said she placed it. The emergency number posting was put back out near her phone. 6/30/21 Resident residing in room #21 was re-educated by the Executive Director on this regulation and the community policy regarding access to emergency phone numbers. 7/7/21- All resident rooms were audited by the Maintenance Manager and any misplaced/missing emergency numbers were replaced. The Maintenance Manager or designee will audit resident rooms quarterly for one year to verify that all emergency phone numbers remain posted near resident room phones. The Executive Director will review the results of the audit to verify if any further action is warranted.

Evidence- Training agenda and attendance sheet (attached)

Completion Date: 06/30/2021

Document Submission

Implemented

See attached audit sheets from 7/7/21 and 10/8/21. Next audit due 1/2022.

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.

Description of Violation

Resident #1 was administered a 8:00 AM dose of [REDACTED] treatment by staff person "A" on 6/30/21. Staff person "A" entered the resident's room to administer their 12:00 PM dose on 6/30/21 and discovered the 8 AM dose unused.

Staff person "A" did not ensure that Resident #1 completed their 8:00 AM nebulizer treatment as prescribed.

Plan of Correction

Accept

Immediately- The physician and responsible party were notified of the missed medication dose of Albuterol Nebulizer. 6/30/21- Staff person A was retrained by the Health and Wellness Director on the community policy regarding administration of medications. Resident #1 was also re-educated regarding the importance of taking medication ordered by the physician. 7/14/21- Health and Wellness Director reviewed the community medication administration policy at the LPN/Med Tech clinical portion of the monthly Staff Meeting. The Health and Wellness Coordinator or designee will audit end of shift medication administration records for missed medications weekly for 2 months then monthly thereafter. The Health and Wellness Director will review the results of the audit to verify if any further action is warranted.

Evidence- Training agenda and attendance sheet (attached)

Completion Date: 09/03/2021

182c - Medication Administration (continued)

Update - 09/30/2021

Please send/Attach proof of staff training. 9-30-2021 [REDACTED]

Document Submission**Implemented***Please see attached agenda and sign in sheets from the LPN/Med Tech staff meeting-*

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation*Resident #1 did not receive their 8:00 AM dose of [REDACTED] treatment by staff person "A" on 6/30/21.**Staff person "A" did not ensure that Resident #1 completed their 8:00 AM nebulizer treatment as prescribed.***Plan of Correction****Accept***Immediately- The physician and responsible party were notified of the missed medication dose of [REDACTED]**[REDACTED] 6/30/21- Staff person A was retrained by the Health and Wellness Director on the community policy regarding administration of medications. Resident #1 was also re-educated regarding the importance of taking medications ordered per physician. 7/14/2021- Health and Wellness Director reviewed the community medication administration policy at the LPN/Med Tech clinical portion of the Staff Meeting. The Health and Wellness Coordinator or designee will audit end of shift medication administration records for missed medications weekly for 2 months and then monthly thereafter. The Health and Wellness Director will review the results of the audit to verify if any further action is warranted.***Completion Date:** 06/30/2021Update - 09/30/2021

Please send/Attach proof of staff training. 9-30-2021 [REDACTED]

Document Submission**Implemented***Please see attached LPN/med tech meeting agenda and sign in sheets-*