

Department of Human Services  
Bureau of Human Service Licensing

October 28, 2021

SECRETARY

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***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 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 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:** 06/30/2021**Update - 09/30/2021***Please send/Attach proof of staff training. 9-30-2021***Document Submission****Implemented***Please see attached LPN/med tech meeting agenda and sign in sheets-*