



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING
Central Region Field Office
1401 North 7th Street
Harrisburg, Pennsylvania 17102-1810

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CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 7, 2011

Mr. John P. Rijos, Co-President
Brookdale Senior Living Communities, Inc.
Clare Bridge of Murrysville
5300 Old William Penn Highway
Export, Pennsylvania 15632

Dear Mr. Rijos:

As a result of the Department of Public Welfare's licensing inspection on November 10, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michele Strauser'.

Michele Strauser
Regional Licensing Administrator

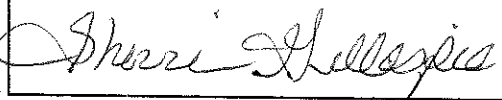

Enclosure
Violation Report

NAME AND ADDRESS OF PERSONAL CARE HOME CLARE BRIDGE OF MURRYSVILLE, 5300 OLD WILLIAM PENN HIGHWAY EXPORT, PA 15632		CURRENT LICENSE NUMBER 428680	
INSPECTION DATES (Include all dates of the inspection) 11/10/2010		REGIONAL REPRESENTATIVE Diane Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Sherri Gillopie, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Sherri Gillopie</i>	DATE 12-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Melinda St...</i>	DATE 2/2/11

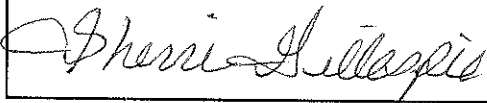

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties. 129a A fireplace shall be securely screened or equipped with protective guards while in use.	Direct care staff persons A, B and C received only 11 hours of annual training in training year 2009. On 11-10-2010, the fireplace in the home's living room area was in use. During this time the glass screen of the fireplace was very hot to the touch causing a potential for burns.	11/15/10 and ongoing 11/11/10.	An audit of training forms was conducted by the Executive Director on 11/11/10. The length of each training is now on all training forms. An audit will be completed by the Executive Director or designee to check for proper completion of training forms. A new fireplace screen was mounted in front of the fireplace.	<i>WES</i> 2/2/11

PCH Division
Central Region Field Office

DEC - 6 - 10
RECEIVED

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The pre-admission screening form for resident #1 admitted 6-17-2010 was not dated.	11/15/10 and ongoing	The Executive Director and designee will continue to do weekly chart audits on chosen residents, with an emphasis on proper completion of pre-admission screening forms. The Executive Director and designee will continue to utilize the current tickler system to assist with auditing charts.	

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231c A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.	Resident #1 was admitted to the SDU on 6-17-2010. The resident's preadmission cognitive screening was not completed, having only an illegible signature and date.	11/15/10 and ongoing	The Executive Director and designee will continue to do weekly chart audits on chosen residents, with an emphasis on proper completion of pre-admission screening forms. The Executive Director and designee will continue to utilize the current tickler system to assist with auditing charts.	