



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

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www.dpw.state.pa.us

Mailing Date: **JUL 20 2012**

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

Dear Mr. Rijos:

As a result of the Department of Public Welfare's licensing inspection on June 15, 2012, 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.

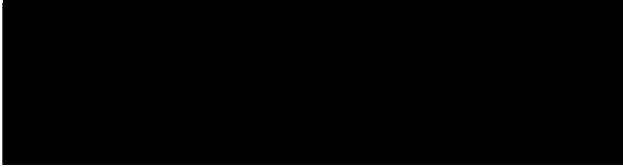

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland" followed by a stylized flourish.

Jon Kimberland
Regional Licensing Administrator

Enclosure(s)

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: CLARE BRIDGE OF MURRYSVILLE		License Number: 428680
Address: 5300 OLD WILLIAM PENN HIGHWAY, EXPORT, PA 15632		County: Westmoreland
Adminstrator: Sherrí Gillespie		Region: WEST
Legal Entity Name: BROOKDALE SENIOR LIVING COMMUNITIES INC		RECEIVED
Legal Entity Address: 5300 OLD WILLIAM PENN HIGHWAY, EXPORT, PA 15632		
Certificate(s) of Occupancy C-2 LP 12/09/1997 L&I		Western Field Office Adult Residential Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 74	Waking Staff: 56
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
On-Site Inspections Dates and Department Representatives On-Site 06/15/2012: Miller-Linhart, Alden		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: ^{given} 47 - 42 Number of Residents Served: 37 Secured Dementia Care Unit In Home: Yes Area: Entire community Secured Dementia Unit Capacity, If Applicable: ^{given} 47 - 42 		Number of Residents who: 

Violation Report: 42868 - 06/15/2012 - Miller-Linhart, Alden
 PCH Name: CLARE BRIDGE OF MURRYSVILLE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

Western Field Office
 Adult Residential Licensing

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 1/27/12, did not include and was not updated to include the resident's problem with aggression. Resident #1 had five incidents of resident to resident aggression since 11/14/11 on: 11/14/11, 1/17/12, 2/13/12, 3/19/12, 3/23/12 and 4/22/12.

Resident #1's assessment was not updated to include the three falls the resident had on 2/10/12, 3/12/12 and 3/16/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1's assessment was reviewed and updated to reflect the resident's falls as well as incidents of aggression. Assessments will be updated to verify that they reflect any significant changes for residents. Updates may be attached to the RASP as appropriate. Current assessments will be reviewed by Executive Director, Health and Wellness Director or Designee and updated to capture any changes that need to be documented on the most recent assessment. This will be conducted by September 1, 2012. Charts will be reviewed monthly by the Executive Director, Health and Wellness Director or Designee to monitor for compliance. The appropriate staff will be retrained regarding the process of re-assessing residents with significant changes by 7/20/2012.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-20-12
 (Date)

Plan of correction implementation status as of 7-20-12
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress 7-20-12
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42868 - 06/15/2012 - Miller-Linhart, Alden
 PCH Name: CLARE BRIDGE OF MURRYSVILLE

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, dated 1/28/12, does not include the behavioral care and services or proper level of supervision the home will provide to protect the resident and other residents of the home. Resident #1 had five incidents of resident to resident aggression since 11/14/11 on: 11/14/11, 1/17/12, 2/13/12, 3/19/12, 3/23/12 and 4/22/12. The resident's assessment, dated 1/27/12, and preadmission screening, dated 6/23/11, indicate the resident requires 24 hour direct supervision. The home is not providing the resident with 24 hour direct supervision.

Resident #1's support plan does not include the safety measures or proper level of supervision to protect the resident related to the resident's falls. The resident has had six falls since 11/20/11 on: 11/20/11, 11/29/11, 1/9/12, 2/10/12, 3/12/12 and 3/16/12.

Resident #2's support plan, dated 6/22/11, does not include the behavioral care and services the home will provide related to the residents problems with irritability, judgment, anxiety, agitation and wandering.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1's support plan was reviewed and updated to reflect services and interventions for the resident's behaviors and falls. Support plans will be updated to verify that they reflect any significant changes for residents. Updates may be attached to the RASP as appropriate. Updates will include but will not be limited to measures taken to reduce falls, behavioral care, and services the home will provide related to problems with irritability, judgment, anxiety, agitation and wandering. Current support plans will be reviewed by Executive Director, Health and Wellness Director or Designee and updated to capture any changes that need to be documented on the most recent support plan. This will be conducted by September 1, 2012. Charts will be reviewed monthly by the Executive Director, Health and Wellness Director or Designee to monitor for compliance. The appropriate staff will be retrained regarding updating support plans by 7/20/2012.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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