



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:** AUG 7 2013

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 (Department) licensing inspection on July 23, 2013, 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 Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig".

Janine Wenzig  
Regional Licensing Administrator

Enclosure(s)



Violation Report: 42868 - 07/23/2013 - McConnell, Deb  
PCH Name: CLARE BRIDGE OF MURRYSVILLE

AUG 2 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
1000 S. STATE ST. PHILADELPHIA, PA 19106

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 7/17/13, an allegation of abuse against resident #1 was reported to the home. The home did not report the allegation to the local area agency on aging until 7/18/13.

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.

The community reported the incident which occurred July 17, 2013 at 10:00 PM to the Department of Public Welfare and Area Office on Aging the following morning on July 18, 2013. The community will report any alleged verbal abuse to the Area Office of Aging immediately after the resident is deemed stable. The employee was suspended following investigation and has since resigned. The Executive Director will retrain all management staff on the state reporting process. The Executive Director or designee will monitor for compliance.

Completion Date: August 2, 2013

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Sherril Gillespie, RN, ED*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Sherril Gillespie, Executive Director* Date *8-2-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/2/13  
(Date)

Plan of correction implementation status as of 8/2/13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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