



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JAN 20 2014

Mr. Mark W. Ohlendorf, President
Brookdale Senior Living Communities, Inc.
5300 Old William Penn Highway
Export, Pennsylvania 15632

RE: Clare Bridge of Murrysville
License #: 428680

Dear Mr. Ohlendorf:

As a result of the Department of Public Welfare's licensing inspection on November 14, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period February 19, 2014 to February 19, 2015 was issued on November 8, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

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

PCH Name: CLARE BRIDGE OF MURRYSVILLE		License Number: 42868
Address: 5300 OLD WILLIAM PENN HIGHWAY, EXPORT, PA 15632		County: Westmoreland
Adminlstrator: Sherrl Gillespie		Region: WEST
Legal Entity Name: BROOKDALE SENIOR LIVING COMMUNITIES INC		
Legal Entity Address: 5300 OLD WILLIAM PENN HIGHWAY, EXPORT, PA 15632		RECEIVED
Certificate(s) of Occupancy C-2 LP 12/09/1997 L & I		NOV 15 2013 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 74	Waking Staff: 56
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/14/2013: McConnell, Deb; Cutter, Jan		
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: 42	Number of Residents who:	
Number of Residents Served: 37	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 37	
Area: whole building	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 42	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 37	Have a Mobility Need: 37	
Number of Current Hospice Residents: 4	Have a Physical Disability: 0	
Number of Hospice Residents In past year: 15		

Violation Report: 42868 - 11/14/2013 - McConnell, Deb
PCH Name: CLARE BRIDGE OF MURRYSVILLE

DEC 9 5 2013

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

At 5:08 PM, the temperature of the gas fireplace vent was 137.1 degrees Fahrenheit. There were no protective guards or insulation to prevent residents from coming in contact with the vent.

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 Maintenance Technician turned off the fireplace until a device can be purchased to cover the vent which will divert the heat. The Maintenance Technician will install a spark screen to better control the air flow through the vent. The Maintenance Technician will conduct random audits to maintain compliance with this requirement. The Executive Director or designee will monitor for compliance.

Completion Date: January 1, 2014

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sherris Gillespie, RN, ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sherris Gillespie, RN, Executive Dir.* Date *12-5-13*

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

The above plan of correction is approved as of *12/20/13*
(Date)

Plan of correction implementation status as of *12/20/13*
(Date)

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

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

Violation Report: 42868 - 11/14/2013 - McConnell, Deb
PCH Name: CLARE BRIDGE OF MURRYSVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

Staff persons A and B indicated residents are not always evacuated to a designated meeting place away from the building or within a fire safe area during sleeping hours fire drills. However, the home's fire drill record indicates all residents evacuated. The home conducted fire drills during sleeping hours as follows:

- * 9/18/13 at 5:00 AM
- * 6/14/13 at 12:30 AM
- * 3/19/13 at 5:20 AM

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.

Following a fire evacuation drill, the fire drill record will indicate which residents were unable to evacuate and the reason. Maintenance Technician or designee and will audit the fire drill records periodically. Executive Director or designee will monitor for compliance.

Completion Date: November 15, 2013

By 1/31/14 - all staff will be reeducated on the requirement for all residents to evacuate to fire safe area or exterior of the building for fire drills.

By 1/31/14 - Any resident who refuses to evacuate during a fire drill will be counseled on requirement to evacuate.

By 2/28/14 - The administrator will observe a fire drill to ensure proper procedures are followed.

JN 12/20/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Sherri Gillespie, RN, ED
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Sherri Gillespie, RN, Executive Dir.	12-5-13

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 42868 - 11/14/2013 - McConnell, Deb
PCH Name: CLARE BRIDGE OF MURRYSVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

Only the current week's menu was posted in the home.

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 new menu for the next week was immediately posted. Dining room staff were retrained to replace missing menus and will verify a menu is posted one week in advance. The Dining Room Manager or designee will conduct daily audits to monitor for compliance.

Completion Date: November 22, 2013

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sherril Gillopie, RN, ED

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Sherril Gillopie, RN, Executive Dir.

Date *12-5-13*

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[Signature]
(Initials)

Violation Report: 42868 - 11/14/2013 - McConnell, Deb
PCH Name: CLARE BRIDGE OF MURRYSVILLE

DEC 5 2013

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

The package of Lantus insulin belonging to resident #2 indicates the insulin expires on 11/9/13. However, resident #2 received 32 units of Lantus insulin at bedtime on 11/13/13.

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 bottle of Lantus Insulin was discarded day of survey. The Health and Wellness Director retrained the appropriate staff in proper medication administration on November 22, 2013. A process was put in place that medications will be placed on a 28 day auto-fill cycle unless otherwise indicated. The Health and Wellness Director or designee put a process in place to randomly audit medications for expiration dates. The Executive Director or designee will monitor for compliance.

Completion Date: November 22, 2013

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sherri Gillespie, RN, ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sherri Gillespie, RN, Executive Dir.* Date *11-5-13*

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Violation Report: 42868 - 11/14/2013 - McConnell, Deb
PCH Name: CLARE BRIDGE OF MURRYSVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

The support plans for the following residents were not signed by the residents and did not indicate the residents were unable or refused to sign the form:

- * Resident #1's support plan, dated 9/9/13
- * Resident #3's support plan, dated 8/8/13

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 Health and Wellness Director documented that resident #1 and resident #2 were unable to sign their support plans. The appropriate staff were retrained on the process for obtaining signatures on support plans. Support plans have been audited and any resident who is unable to sign or refused to sign is noted. The Health and Wellness director will randomly audit for compliance. The Executive Director or designee will monitor for compliance.

Completion Date: November 22, 2013

Repeat Violation: No

Date(s) of Previous Violation(s):

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, RN, Executive Dir.

Date

12-5-13

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