



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE:**

APR 21 2014

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

RE: Clare Bridge of Murrysville  
# 428680

Dear Mr. Ohlendorf:

As a result of the Department of Public Welfare's licensing inspection on February 25, 2014 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.

Sincerely,

Jill Pezzino  
Regional Licensing Administrator

Enclosure  
Licensing 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: Sherri Gillespie		Region: WEST
Legal Entity Name: BROOKDALE SENIOR LIVING COMMUNITIES INC		
Legal Entity Address: 5300 OLD WILLIAM PENN HIGHWAY, EXPORT, PA 15632		
Certificate(s) of Occupancy		
<p><b>RECEIVED</b></p> <p>APR 10 2014</p> <p><b>WEST REGION FIELD OFFICE</b>  <b>Human Services Licensing</b></p>		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 72	Waking Staff: 54
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/21/2014: Cutter, Jan		
Off-Site Inspection Dates and Inspectors, if Applicable 02/25/2014: Cutter, Jan		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 42 Number of Residents Served: 36 Secured Dementia Care Unit In Home: Yes Area: Entire home is SDCU Secured Dementia Unit Capacity, if Applicable: 42 Number of Residents Served in Secured Dementia Care Unit, if applicable: 36 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 36 Have a Physical Disability: 0	

Violation Report: 42868 - 02/21/2014 - Cutter, Jan  
PCH Name: CLARE BRIDGE OF MURRYSVILLE

**WEST REGION FIELD OFFICE**  
**Human Services Licensing**

1. REGULATION 55 Pa.Code §2600

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 2/16/14 at approximately 6:30 AM, direct care staff person A witnessed direct care staff person B slap resident #1 across the face. The home did not report this allegation to the local Area Agency on Aging until 2/17/2014 at 11:10 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.*

*On February 17, 2014 the appropriate staff was retrained on the community's policy pertaining to timely reporting to the Area Office on Agency of allegations or being witness to abuse. The Executive Director conducted retraining sessions for all staff as part of their annual training. The Executive Director or designee will monitor for compliance.*

Completion Date: February 17, 2014

*5-20-14 all direct care staff and management staff including the administrator were receive training in abuse reporting and prevention from an outside source. Documentation will be kept. JSP 4-17-14*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 07/23/2013

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sherri Gillespie*      Date *4-9-14*

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

The above plan of correction is approved as of 4-17-14 (Date)

Plan of correction implementation status as of 4-17-14 (Date)

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

The above plan of correction was approved by *JSP* (Initials)

Violation Report: 42868 - 02/21/2014 - Cutter, Jan  
PCH Name: CLARE BRIDGE OF MURRYSVILLE

**WEST REGION FIELD OFFICE**  
**Human Services Licensing**

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On 2/16/2014 at approximately 6:30 AM, direct care staff person A witnessed direct care staff person B slap resident #1 across the face. The home did not submit an incident report to the Department until 2/17/2014 at 5:06 PM.

**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.*

*On February 17, 2014 the appropriate staff was retrained on the community's policy regarding timely reporting to the Department of Public Welfare allegations or being witness to abuse. The Executive Director or designee will conduct periodic retraining sessions for all staff as part of their annual trainings. The Executive Director or designee will monitor for compliance.*

**Completion Date: February 17, 2014**

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Sherri Gillespie, RN, EP*

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

*Sherri Gillespie*

Date *4-9-14*

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

The above plan of correction is approved as of

4-17-14  
(Date)

Plan of correction implementation status as of

4-17-14  
(Date)

The above plan of correction was approved by

*SG*  
(Initials)

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

Violation Report: 42868 - 02/21/2014 - Cutter, Jan  
PCH Name: CLARE BRIDGE OF MURRYSVILLE

APR 10 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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 has repeatedly exhibited inappropriate sexual behavior towards staff and has used inappropriate sexual language with staff. However, this behavior has not been identified on the resident's support plan, dated 8/29/2013.

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.

After reviewing the resident's record, the Health and Wellness Director documented on the resident's support plan dated October 29, 2014 that the resident was at times sexually inappropriate toward female residents. On February 16, 2014 the Health and Wellness Director updated the support plan to include sexually inappropriate behavior towards female care giver. Additional interventions have been added to ~~the~~ support plan to help assist staff with current interventions in managing these challenging behaviors. The Health and Wellness Director will randomly audit support plans to verify they are current. The Executive Director or designee will monitor for ongoing compliance.

Completion Date: February 16, 2014

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*

Date *4-9-14*

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

The above plan of correction is approved as of 4-17-14  
(Date)

The above plan of correction was approved by *SGP*  
(Initials)

Plan of correction implementation status as of 4-17-14  
(Date)

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