



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **BROOKDALE SENIOR LIVING COMMUNITIES INC**
LEGAL ENTITY

To operate **BROOKDALE MURRYSVILLE**
NAME OF FACILITY OR AGENCY

Located at **5300 OLD WILLIAM PENN HIGHWAY, EXPORT, PA 15632**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **42**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 42

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **October 13,** **2015** until **February 19,** **2016**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **428680**

Robert E. Robinson
ISSUING OFFICER

Matthew J. [Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 1 4 2015

Ms. Kristin A. Ferge, Executive VP and Treasurer
Brookdale Senior Living Communities, Inc.
6737 W. Washington Street, Suite 230
Milwaukee, Wisconsin 53214

RE: Brookdale Murrysville
5300 Old William Penn Highway
Export, Pennsylvania 15632
License #: 428680

Dear Ms. Ferge:

As a result of the Department of Human Services' licensing inspection on April 13, 2015 and April 17, 2015 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.

As a result of your facilities recent change in the name from Clare Bridge of Murrysville to Brookdale Murrysville, a new license is being issued under the authority of 55 Pa.Code Ch. 2600. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones" followed by a stylized flourish or initials.

Matthew J. Jones
Director

Enclosures
License
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
Administrator: Sherri 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 Labor & Industry		AUG 33 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 70	Working Staff: 53
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/13/2015: Whitney, Diane; Georgoulis, Karen 04/17/2015: Whitney, Diane		
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 Served: 35 Secured Dementia Care Unit in Home: Yes Area: entire facility is SDCU Secured Dementia Unit Capacity, if Applicable: 42 Number of Residents Served in Secured Dementia Care Unit, if applicable: 35 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 35 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 35 Have a Physical Disability: 0	

AUG 28 2015

Violation Report: 42868 - 04/13/2015 - Whitney, Diane
PCH Name: CLARE BRIDGE OF MURRYSVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 9-19-14, did not receive orientation in emergency medical plans.

Staff person B, hired 1-14-14, did not receive orientation in emergency medical plans.

Staff person C, hired 9-25-12, did not receive orientation in emergency medical plans.

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.

Immediately staff person A, B and C came in and completed all of the outstanding training to date. August 30, 2015 the Executive Director will implement a checklist tool to audit the 2015 annual staff training records. The appropriate staff will be retrained on the Department requirements for annual training on August 31, 2015. September 15, 2015, the Business Office Coordinator, Health and Wellness Director and the Executive Director will review all staff training records. A list will be then be compiled for all staff of the hours and content needed by the end of the year. Monthly, the Business Office Coordinator and Executive Director will review staff training records.. Executive Director or designee will review audit results for the next 3 months to monitor for compliance and determine if further action is required.

Evidence-Staff training attendance log

Completion Date: September 30, 2015

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sherril Gillispie, RN, ED* Date *8-28-15*

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

The above plan of correction is approved as of <u>7/23/15</u> (Date)	Plan of correction implementation status as of <u>7/23/15</u> (Date)
The above plan of correction was approved by <u><i>AW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J.P.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

AUG 28 2015

Violation Report: 42868 - 04/13/2015 - Whitney, Diane

PCH Name: CLARE BRIDGE OF MURRYSVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 4-13-15, a decorative grass plant, measuring approximately 5' 6" x 6', was directly in front of the home's courtyard gate blocking this egress route.

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 decorative grass has been removed by the landscaper. The appropriate staff will be retrained on the community policy on unobstructed egresses by the Executive Director. The Maintenance Technician or designee will monitor for re-growth and the need for further removal on weekly rounds to assure the courtyard gate egress is unobstructed. The Executive Director or designee will monitor audits for 3 months to determine if further action is required.

Completion Date: August 30, 2015

Immediately - A designated staff person will check all stairways, hallways, doorways, passageways + egress routes at least once per week to ensure they are unlocked + unobstructed. J.W. 7/23/15

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, ED

Date *8-28-15*

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

The above plan of correction is approved as of

9/23/15
(Date)

Plan of correction implementation status as of

4/25/15
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.W.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

JW
(Initials)

ALL 3-8-2015

Violation Report: 42868 - 04/13/2015 - Whitney, Diane
PCH Name: CLARE BRIDGE OF MURRYSVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION

On 4-13-15, a gas grill with an attached propane tank was unlocked and accessible to residents in the courtyard.

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 propane tank was removed at the time of the survey and is being stored in an area that is not accessible to the residents. The Maintenance Technician was retrained on the community policy on storage of the propane tank on April 15, 2015 by the Executive Director. The Maintenance Technician will include in weekly audits the appropriate storage of the propane tank for the gas grill. The Executive Director or designee will monitor the weekly audits for 3 months to verify that no further action is required.

Evidence: Attendance training form

Completion Date: August 1, 2015

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, ED

Date 8-28-15

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The above plan of correction is approved as of 9/23/15
(Date)

Plan of correction implementation status as of 9/23/15
(Date)

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

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

AUG 28 2015

Violation Report: 42868 - 04/13/2015 - Whitney, Diane
PCH Name: CLARE BRIDGE OF MURRYSVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

On 4-13-15, 3 blankets were present on the metal chairs in the home's designated smoking area outside of the staff room.

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 the day of survey the blankets were removed from the smoking area. Appropriate staff were retrained on the community policy regarding smoking by the Executive Director on August 28, 2015. The smoking area will be monitored by the maintenance technician as part of weekly rounds. The Executive Director or designee will review audits for 3 months to verify if further action is required.

Evidence: Staff training on smoking policy/ fire safety attendance sheet

Completion Date: August 31, 2015

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sherrri Gillespie, RN, ED* Date *8-28-15*

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(Date)

Plan of correction implementation status as of 9/23/15
(Date)

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

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

Violation Report: 42868 - 04/13/2015 - Whitney, Diane
 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

On 4-13-15, the home's posted menu was for the past 2 weeks (dated 3-29-15 through 4-11-15).

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 following week was posted at time of inspection. The Business Office Coordinator will print and post updated menus according to community policy and verify a menu is posted one week in advance. Appropriate staff were retrained on the community policy on posting menus. The Dining Room Coordinator or designee will conduct daily audits to monitor for compliance. The Executive Director or designee will monitor audit results for 3 months to assess if further action is indicated.

Evidence: staff retraining attendance sheet

Completion Date: August 31, 2015

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/14/2013	
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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, RN, ED* Date *8-28-15*

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The above plan of correction was approved by <u><i>gjk</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>gjk</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42868 - 04/13/2015 - Whilney, Diane
 PCH Name: CLARE BRIDGE OF MURRYSVILLE

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION

The unopened hospice medication kit for Resident #1 contains Bisacodyl - 10mg suppositories - one as needed daily. The home has no written order from an authorized prescriber for this medication.

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.

Immediately, all hospice kits in the community were checked for correspondence with written physician orders by the Health and wellness Director. Going forward, all hospice medication kits coming into the community will be opened and inspected by the Health and Wellness Director or designee to ensure that all medications have an authorized written physician orders present. The appropriate staff were retrained on the community policy on medication administration. The Executive Director or designee will review audits of hospice kits to verify if any further action is warranted.

Evidence: Staff retraining attendance sheet

Completion Date: August 31, 2015

Resident #1's Bisacodyl was inspected on 4/20/15.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sherrill Gillespie, RN, ED

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

Sherrill Gillespie, RN, ED

Date *8-28-15*

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The above plan of correction is approved as of

7/23/15
 (Date)

Plan of correction implementation status as of

7/23/15
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.P.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

J.P.
 (Initials)