



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 27 2015

Mr. Mark W. Ohlendorf, President
Emeritus Corporation
6737 West Washington Street, Suite 2300
Milwaukee, Wisconsin 53214

RE: Brookdale Grandon Farms
1100 Grandon Way
Mechanicsburg, Pennsylvania 17055
License #: 316120

Dear Mr. Ohlendorf:

As a result of the Department of Human Services' annual licensing inspection on July 30, 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.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 31612 - 07/30/2016 - Novak, Ryan
 PCH Name: BROOKDALE AT GRANDON FARMS

1. REGULATION 55 Pa. Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The licensing inspection summaries posted in the lobby of the home dated 4/6/15, 11/7/14 & 8/16/12 contained the resident privacy coding documents. The privacy coding documents expose confidential information of the residents.

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.

See attached

Repeat Violation: No.	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Selden Granahan, Exec. Dir.* Date *8/28/15*

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

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

Plan of correction implementation status as of 9-15-15
 (Date)

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

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

P2 a p 21

Emeritus at Creekview

Plan of Correction

The following is the Plan of Correction for Emeritus at Creekview regarding the Statement of Deficiency dated June 8, 2015 for the incident follow-up survey April 16 and 23, 2015. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

Regulation 2600.17

The licensing inspection summaries posted in the lobby of the home dated 4/16/2015, 11/7/2014 and 8/16/2102 contained the resident privacy coding documents. The privacy coding documents expose confidential information of the residents.

Immediately – The Executive Director (ED) removed the privacy coding documents at the time of the inspection in the presence of the licensing representatives

Immediately – The Community's Business Office Director (BOD) will review all documents for confidential information before they are posted.

Ongoing – The ED will routinely inspect public postings to ensure compliance with this regulation.

RLX 9-15-15
RLX

[Signature]
Selden Granahan, ED, 8/28/15

Violation Report: 31612 - 07/30/2015 - Novak, Ryan
 PCH Name: BROOKDALE AT GRANDON FARMS

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract in the record for resident #1 dated 5/22/2015 was not signed by the resident.
 The contract in the record for resident #2 dated 7/10/2014 was not signed by the resident.
 The contract in the record for resident #3 dated 6/14/2015 was not signed by the resident.

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.

See attached

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/16/2015


Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Selden Granahan, Exec. Dir. Date 8/28/2015

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Regulation 2600.25(b)

The Contract for Resident #1 , dated 5/22/2015 was not signed by the resident.

The Contract for Resident #2 , dated 7/10/2014 was not signed by the resident.

The Contract for Resident #3 , dated 6/14/2015 was not signed by the resident.

Immediately through September 15, 2015 – Business Office Director (BOD) will review resident administrative records to verify that the contracts are signed by the resident or responsible party. The BOD will obtain any missing signatures. A log shall be kept of audits completed.

August 20, 2015 – Executive Director (E.D.) held an in-service on obtaining signatures for documenting refusals on all documents requiring a resident signature to appropriate staff.

Quarterly – The ED will audit new resident contracts to verify that all required documents have been signed as per community policy.

Ongoing – The BOD will review contracts after completion to verify they are signed and dated. Executive Director or designee will review the quarterly audits to verify no further action is required.

Evidence- staff training attendance sheet, log.

Completion Date: December 31, 2015

Selden Granahan, ED 8/28/15

AL, RLA 9-15-15

Violation Report: 31612 - 07/30/2015 - Novak, Ryan
 PCH Name: BROOKDALE AT GRANDON FARMS

1. REGULATION 55 Pa.Code §2600
 2600.54(a) - Direct care staff persons shall have the following qualifications:
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A hired 4/28/15 did not have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.

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.

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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sellen Granahan, Exec. Dir* Date *9/28/2015*

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The above plan of correction was approved by <i>[Signature]</i> (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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Regulation 2600.54(a)

Direct care staff person A hired 4/28/2015 did not have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.

Immediately – Staff person A's employment was terminated due to failure to report to work for three consecutive days.

Immediately – The BOD implemented a file checklist tool to verify compliance with required associate documentation for associate files.

Immediately through August 18, 2015 – The BOD reviewed associate files to verify that we obtained and retained a copy of the required education documentation for all shifts. Associates were notified of missing documentation requirements and notified of the timeframe in which to provide them. All Education documentation has been received as of 8/18/2015.

Ongoing – BOD will give ED each new hire file. ED will review each new hire file to ensure that the checklist is being utilized and that the necessary documentation is in each file prior to the employees first day providing care. The ED will sign off and then place in filing cabinet.

Evidence - Copy of check list used for review of staff record content. The education documentation for and new staff hired since the inspection

Completion Date: September 15, 2015

*AD, RLA
9-15-15*

Regulation 2600.64(c)

Administrator will have 24 hours of annual training relating to job duties.

December 31, 2015 – The ED will complete 32 hours of training for the 2015 training year to make up for the 8 hours of training missed in 2014.

William Selden Granahan, ED 8/28/15

Violation Report: 31612 - 07/30/2015 - Novak, Ryan
 PCH Name: BROOKDALE AT GRANDON FARMS

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff person B, the home's administrator, completed only 16 hours of the required 24 hours of annual training in training year 2014.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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See attached
 See also attached addition. cp. 9-15-15

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64 (c) cont'd.

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Ongoing - The ED will complete 24 hours of administrator training each calendar/training year

Ongoing - The BOD will retain copies of the ED's training and track to ensure that the mandatory 24 hours has been completed.

Completion Date: December 31, 2015

The ED (Adm) will also complete an additional four (4) hours of approved training in 2015 to comply for Year 2014.

Regulation 2600.65(d)

AD, RLA

Direct care staff person C hired 6/16/15 is providing unsupervised ADL services but did not complete the Department approved online direct care competency course.

7/31/2015 - Staff Person C completed the online competency test. A copy was faxed to the department

Immediately - The BOD implemented a file checklist tool to verify that all of the required associate documentation is in each file moving forward.

Immediately - The BOD implemented an associate file check list for current and future associates.

Immediately - August 21, 2015 - The BOD reviewed all associate records to verify that the community obtained a copy of the Department-approved online direct care competency course.

Executive Director (ED) or designee will review audit results for the next 3 months to monitor for compliance and determine if further action is required. The ED will direct additional actions based on audit findings.

Evidence-Staff training attendance log

Completion Date: August 31, 2015

Grand Selden Graham, 8/25/15

Regulation 2600.65(e)

AD, RLA 9-15-15

Violation Report: 31612 - 07/30/2015 - Novak, Ryan
 PCH Name: BROOKDALE AT GRANDON FARMS

1. REGULATION 55 Pa.Code §2600
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C hired 6/16/15 is providing unsupervised ADL services but did not complete the Department approved online direct care competency course.

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

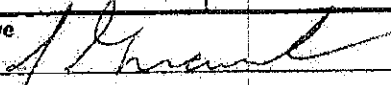
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Selden Granados, Exec Dir

Date

8/28/15

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

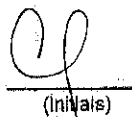
The above plan of correction is approved as of

9-15-15
 (Date)

Plan of correction implementation status as of

9-15-15
 (Date)

The above plan of correction was approved by



(Initials)

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

Violation Report: 31612 - 07/30/2015 - Novak, Ryan
 PCH Name: BROOKDALE AT GRANDON FARMS

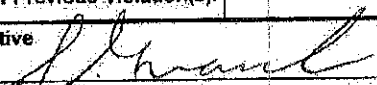
1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person D, hired 8/9/13 received only 10 hours of the required 12 hours of annual training in training year 2014.

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.

See attached
 See also attached addition Q. 9-15-15


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

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Selden Granahan, Exec. Dir. Date 8/28/2015

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 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 9-15-15
 (Date)

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

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65(g) cont'd

Direct Care Staff Person D, hired 8/9/2013 received only 10 hours of the required 12 hours of annual training year 2014.

Immediately - Staff person D completed all of the 2015 training to date.

August 3, 2015 - The ED implemented a checklist tool to audit the 2015 annual associate training records.

September 15, 2015 - The BOD, Health and Wellness Director (HWD) and the Executive Director will review all associate training records. A list will be then be compiled for all staff of the hours and content need by the end of the year.

Monthly - BOD and ED will review associate training record and web based training to ensure that the community obtained a copy of the Department approved online direct care competency course.

Executive Director (ED) or designee will review audit results for the next 3 months to monitor for compliance and determine if further action is required. The ED will direct additional corrective actions based on audit findings.

Evidence-Staff training attendance log

Completion Date: September 30, 2015

Staff member D will receive an additional two (2) hours of annual training in 2015 to complete compliance for Year 2014. Q. RLA 9-15-15

Regulation 2600.65(g)

Ancillary staff person E hired 9/8/11 did not receive training in fire safety from a fire safety expert or someone trained by a fire safety expert for training year 2014.

Staff person E claims to have received the fire safety training for 2014 however the home did not have record of her completing said training.

August 31, 2015 - Staff person E will be retrained in Fire Safety.

August 31, 2015 - The BOD and ED will review the annual training for all associates to ensure that they have been trained in fire safety.

5 *[Signature] Selden Granahan
8/28/15*

Violation Report: 31612 - 07/30/2015 - Novak, Ryan PCH Name: BROOKDALE AT GRANDON FARMS	
1. REGULATION 55 Pa.Code §2600 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights. (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.	
2a. DESCRIPTION OF VIOLATION Ancillary staff person E hired 9/8/11 did not receive training in fire safety from a fire safety expert or someone trained by a fire safety expert for training year 2014. Direct care staff person D hired 8/9/13 did not receive training in resident rights for training year 2014.	
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.	
See attached See also also attached additn. of 9-15-15	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>9-9</u> (Date) <u>9-15-15</u>	Plan of correction implementation status as of <u>9-15-15</u> (Date)
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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December 31, 2015 – The approved fire safety trainer will hold an additional training for any associate identified as not completing the fire safety training during the training record review.

Ongoing – The community will hold 2 fire safety trainings each training year. The training record will be reviewed by the BOD after each session to ensure complete compliance with this regulation.

Evidence-Associate training attendance log

Completion Date: August 31, 2015

Staff Person D will receive additional training on Resident Rights in 2015. QP, RLA - 9-15-15

Regulation 2600.91

The following resident's rooms do not have the required emergency numbers posted. Room #'s 226, 404, 602.

Immediately – Laminated cards with the emergency numbers were posted by the identified phones.

August 31, 2015- All resident rooms with phones will be checked by Resident Aides to verify they have numbers posted by their phone. Record of this check shall be kept. Appropriate associates were retrained on the community policy regarding access to emergency phone numbers.

Ongoing – The Maintenance Director will add "checking rooms for presence of phone numbers" to the list of monthly audits. Documentation shall be kept.

Audit results will be reviewed by the ED on a monthly basis. The ED will direct additional actions based on audit findings.

Evidence: staff training log

Completion Date: August 31, 2015

S. Granaham, Selden Granaham, ED 8/28/15

QL, RLA 9-15-15

Violation Report: 31612 - 07/30/2015 - Novak, Ryan
 PCH Name: BROOKDALE AT GRANDON FARMS

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The following resident's rooms do not have the required emergency numbers posted:
 Room #'s 226, 404 and 602

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.

See attached

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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) Selden Granahan, Exec Dir Date 8/28/15

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 (Date)

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 (Date)

- Fully Implemented
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 (Initials)

Violation Report: 31612 - 07/30/2015 - Novak, Ryan PCH Name: BROOKDALE AT GRANDON FARMS	
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 The exit door that leads to the home's SDU courtyard is blocked by a locked office door with a keypad on it. In the event of an emergency the locked door would not allow for immediate egress through the homes 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.	
See attached	
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Regulation 2600.121 (a)

The exit door that leads to the homes SDU courtyard is blocked by a locked office door with a keypad on it. In the event of an emergency the locked door would not allow for immediate egress through the homes courtyard.

On September 31, 2015 – The community will remove the door with the keypad and convert the office into a common area for residents. This will eliminate the blocked exit.

Ongoing – The Executive Director, Maintenance Director and/or associates will check the egress routes daily for locks and/or obstructions. Findings will be addressed immediately upon finding, and any obstruction reported to the Executive Director/Maintenance Director.

The ED will direct additional corrective action ongoing based on visual inspections and audit findings.

Evidence-Staff training attendance list

ASH, RLA
9-15-15

Completion Date: September 31, 2015

Regulation 132(c)

The home did not properly maintain the monthly fire drill log as the following information was not documented regarding the monthly fire drill records conducted on the following months:

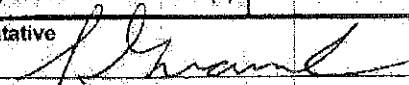

The fire drill held on 9/29/2014, the amount of time to evacuate was not in minutes and seconds.

The fire drill held on 10/21/2014 indicated "no exit used."

The fire drill held on 1/5/2015, the amount of time to evacuate was not in minutes and seconds.

The fire drill held on 2/25/2015 indicated "no exits used"

Shawn Selden Granahan, FD 2/28/15

Violation Report: 31612 - 07/30/2015 - Novak, Ryan PCH Name: BROOKDALE AT GRANDON FARMS	
1. REGULATION 55 Pa.Code §2600 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	
2a. DESCRIPTION OF VIOLATION The home did not properly maintain the monthly fire drill log as the following information was not documented regarding the monthly fire drill records conducted on the following months: The fire drill held on 9/29/2014, the amount of time to evacuate was not in minutes and seconds. The fire drill held on 10/21/2014 indicated "no exits used". The fire drill held on 1/5/2015, the amount of time to evacuate was not in minutes and seconds. The fire drill held on 2/25/2015 indicated "no exits used." The fire drill held on 5/21/15, the date was incorrectly transcribed as 1/12/2015.	
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. <div style="text-align: center; font-size: 2em; font-family: cursive;">See attached</div>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 09/10/2014
Signature of Legal Entity Representative (Required on EVERY Page) 	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Selden Granahan, EXEC. DIR Date: 8/28/15	
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Violation Report: 31612 - 07/30/2015 - Novak, Ryan
 PCH Name: BROOKDALE AT GRANDON FARMS

1. REGULATION 66 Pa. Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The homes most recent sleeping hour fire drill was conducted on 4/29/15, the previous sleeping hour fire drill was conducted on 4/30/14.

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

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Selden Granahan, Exec. Dir.* Date: *8/28/15*

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

Plan of correction implementation status as of 9-15-15
 (Date)

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

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

pl 2 of 2

132(c) continued.
The fire drill held on 5/21/2015, the date was incorrectly transcribed as 1/12/2015.

At time of Inspection – The licensing representative met with the Maintenance Director (M. D.) to discuss the entire fire drill record and intent of each column and why it is important to accurately document the information. +

Immediately – ED, MD and BOD met to discuss how to maintain accurate completion of the fire drill record. The Maintenance Director was retrained on the community policy regarding fire drill documentation by the Executive Director.

September 30 and ongoing – MD will conduct fire drills. MD will put fire drill record in BODs mail box. BOD will review, discuss any errors with MD and make a copy for MD and ED. ED will conduct second review and discuss any further corrections with MD to verify if further action is warranted.

Evidence: Staff training attendance log

AG, RLA 9-15-15 to ensure ongoing compliance.

Completion date: September 31, 2015

Regulation 2690.132 (e)

The homes most recent sleeping hours fire drill was conducted on 4/29/15, the previous sleeping hour fire drill was conducted on 4/30/2014.

Executive Director retrained the Maintenance Director on the community policy regarding fire drills August 28, 2015

10/29/2015 – Community will conduct an overnight fire drill.

10/29/2015 – The ED will develop a 12 month fire drill calendar to include the months that an overnight drill will need to be held. The ED, BOD and MD will each retain a copy.

Monthly – The ED and BOD will review the calendar and determine when the fire drill needs to be conducted.

Evidence – Staff training attendance log
sleeping hour

to ensure ongoing compliance CP. RLA 9-15-15

Completion Date: August 31, 2015

Selden Granahan, ED 8/28/15

Violation Report: 31612 - 07/30/2015 - Novak, Ryan
 PCH Name: BROOKDALE AT GRANDON FARMS

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
 The home's secured dementia care unit only has the current week's menu posted.

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.

See attached

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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Selden Granahan* Date *8/28/2015*

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The above plan of correction was approved by <u><i>[Signature]</i></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

p13 ag 21

2600.162(c)

The homes secured dementia care unit only has the current week's menu posted.

Immediately— The Dining Services Director (DSD) posted the current and upcoming week menus. The appropriate associates were retrained on the community policy regarding posting menus.

Immediately— The DSD ordered a sign holder to post both menus securely. This will be the designated new location for posting.

Daily - The Memory Care Director will check to verify that the current and next week menus are posted weekly. She will notify the DSD of any concerns or missing menus.

Weekly— The DSD will remove the finished menu and replace it with the current and next week menus.

The Executive Director or designee will monitor to verify if any further action is warranted. To ensure ongoing compliance.

Q.H. RLA 9-15-15

Evidence-Staff training attendance log

Completion Date: August 31, 2015

2600.171(b)(5)

The first aid kit located in the homes white ford bus not equipped with a CPR breathing shield.

Immediately— The HWD placed a CPR breathing shield in the vehicle's CPR breathing shield.

8/31/2015— All first aid kits will be inspected and plastic break away ties will be placed to indicate when the first aid kit is used. The appropriate

*9. Samuel Selden Granahan
Exec. Dir 8/28/15*

Violation Report: 31612 - 07/30/2015 - Novak, Ryan
 PCH Name: BROOKDALE AT GRANDON FARMS

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The first aid kit located in the homes white ford bus was not equipped with a CPR breathing shield.

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.

See attached

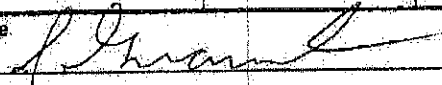
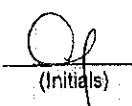
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Golden Granahan, Exec Dir* Date *8/28/15*

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The above plan of correction was approved by <i>[Handwritten Initials]</i> (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

Violation Report: 31612 - 07/30/2015 - Novak, Ryan PCH Name: BROOKDALE AT GRANDON FARMS	
1. REGULATION 55 Pa.Code §2600 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	
2a. DESCRIPTION OF VIOLATION Resident #5's Axona Powder packet did not have a pharmacy label attached.	
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. <div style="text-align: center; font-size: 2em; font-family: cursive;">See attached</div>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) 	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Selden Granahan, Exec. Dir.	
Date 8/28/15	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
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The above plan of correction was approved by  (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

171(b)(5) cont'd

p15a921

associates were in-serviced on the community policy regarding maintaining a stocked first aid kit in vehicles.

Monthly - The HWD will inspect the first aid kits for usage and replenish contents as needed. to ensure ongoing compliance.

Evidence - Staff training attendance log

RLA 9-15-15

Completion Date: August 31, 2015

2600.184(a) Resident #5's Axona Powder packet did not have a pharmacy label attached.

Immediately - Resident #5's Axona powder was labeled with the pharmacy prescription.

8/13/2015 - The ED, HWD and Assistant HWD held a staff meeting with all LPNs and Medication Technicians to review the tentative violations from the State Inspection and go over the Brookdale medication and medication administration policies and procedures that pertain to this regulation.

8/26/2015 - Medication carts were audited by the Health and Wellness Coordinator for any medication missing the required pharmacy label.

Monthly - The third shift LPN or Medication Technician will audit the cart monthly for proper labeling of medication. Documentation shall be kept.

Quarterly - The HWD or Assistant HWD will audit the medication carts for compliance with all medication labeling regulations: - to ensure ongoing compliance.

The home will verify that any medication requiring a pharmacy label will have one.

Evidence: staff training attendance log

Completion Date: August 31, 2015

Sharon Selden Granahan, ED 8/28/15

RLA 9-15-15

2800.184(b)

Violation Report: 31612 - 07/30/2015 - Novak, Ryan
 PCH Name: BROOKDALE AT GRANDON FARMS

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 A bottle of Aspirin 81mg tablet was located in the medication cart without a name on it.
 Resident #6's Vitamin B12 did not have the residents name on it.
 Resident #7's Aspirin 81 mg did not have the residents name on it.

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.

See attached

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/16/2015

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Selden Granahan, Exec. Dir.* Date *8/28/2015*

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The above plan of correction is approved as of 9-15-15 (Date)
 The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 9-15-15 (Date)

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

plc agz

184(b) cont'd

A Bottle of Aspirin 81 mg tablet was located in the medication cart without a name on it.

Resident #6's Vitamin B12 did not have the residents name on it.

Resident #7's Aspirin 81mg did not have a name on it.

Immediately - The above medications were labeled with the appropriate resident's name.

8/13/2105 - The ED, HWD, Health and Wellness Coordinators and Resident Care Coordinator held a staff meeting with all LPNs and Medication Technicians to review the tentative violations from the State Inspection and go over the Brookdale medication and medication administration policies and procedures that pertain to this regulation.

8/26/2015 - All medication carts were audited by the Health and Wellness Coordinator for any medication missing the resident's name.

Monthly - The third shift LPN or Medication Technician will audit the cart monthly for proper labeling of medication. Documentation shall be kept.

Quarterly - The HWD or Assistant HWD will audit the medication carts for compliance with all medication regulations. - to ensure ongoing compliance.

Evidence: staff training attendance logs

AG-PLA
9-15-15

Completion date: August 31, 2015

2600.185(a)

The homes medication policy notes that both the oncoming and off going staff person will sign the controlled substance shift count record at the change of each shift. On the following dates the record was not signed: 7/7/15 11p-7a oncoming person, 7/7/15 3p-11p offgoing and oncoming 11p-7a persons, 7/19/2105 3p-11p offgoing and oncoming 11p-7a persons, 7/21/2015 7a-3p offgoing and 11p-7a oncoming persons.

Selden Granahan, ED 8/8/15

Violation Report: 31612 - 07/30/2015 - Novak, Ryan
 PCH Name: BROOKDALE AT GRANDON FARMS

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The home's medication policy notes that both the oncoming and offgoing staff person will sign the controlled substance shift count record at the change of each shift. On the following dates the record was not signed: 7/7/15 11p-7a oncoming person; 7/7/15 3p-11p offgoing and oncoming 11p-7a persons; 7/19/15 3p-11p offgoing and oncoming 11p-7a persons; 7/21/15 7a-3p offgoing and 11p-7a oncoming persons.

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

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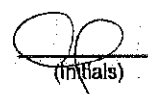
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Selden Granahan, Exec. Dir Date 8/28/2015

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

Plan of correction implementation status as of 9-15-15
 (Date)

The above plan of correction was approved by 
 (Initials)

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

page 2

185(a) cont'd

8/13/2105 – The ED, HWD and Resident Care Coordinator held a staff meeting with all LPNs and Medication Technicians to review the tentative violations from the State Inspection and go over the Brookdale medication and medication administration policies and procedures that pertain to this regulation.

8/13/2105 – The home implemented a new shift to shift log to hold medication technicians accountable for controlled substance shift count documentation, Medication Administration Record shift to shift Audits, and medication cart key exchanges. The record shall be kept and reviewed by the HWD daily.

Ongoing – Medication administration staff will receive regular oversight and training from the HWD and Assistant HWD. Random and scheduled audits will be conducted by the HWD and assistant HWD to monitor for ongoing compliance. Findings needing corrective action will be immediately addressed. Additional corrective actions will be based on audit findings.

Evidence: Staff training log

AO RLA
9-15-15

Completion date: August 31, 2015

2600.187(a) –

The home did not properly maintain the medication Administration (MAR) of the indicated resident due to staff incorrectly transcribing the blood glucose test results in the individual glucometer:

Resident #8 – 8 am on 7/24/2105 the reading was 121 but was incorrectly transcribed as 123, 6:30 am on 7/27/2015 the reading was 66 but was incorrectly transcribed as 65, 12 pm on 7/27/2105 the reading was 90 but was incorrectly transcribed as 85.

Resident #6's Donepezil was not initialed as given on 7/21/2015.

Immediately – The assistant HWD and Resident Care Coordinator reviewed the MAR for other transcription errors and missed initials.

Shawel, Selden Granahan, 8/28/15

Violation Report: 31612 - 07/30/2015 - Novak, Ryan
 PCH Name: BROOKDALE AT GRANDON FARMS

- 1. REGULATION 55 Pa.Code §2600**
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
 - (2) Drug allergies.
 - (3) Name of medication.
 - (4) Strength.
 - (5) Dosage form.
 - (6) Dose.
 - (7) Route of administration.
 - (8) Frequency of administration.
 - (9) Administration times.
 - (10) Duration of therapy, if applicable.
 - (11) Special precautions, if applicable.
 - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
 - (13) Date and time of medication administration.
 - (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 The home did not properly maintain the Medication Administrator Record (MAR) of the indicated resident due to staff incorrectly transcribing the blood glucose test results in the individual glucometer.

Resident #8 - 8am on 7/24/15 the reading was 121 but was incorrectly transcribed as 123, 6:30am on 7/27/15 the reading was 66 but was incorrectly transcribed as 85, 12pm on 7/27/15 the reading was 90 but was incorrectly transcribed as 85.

Resident #8's Donepezil was not initialed as given on 7/21/15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Selden Granahan, Exec. Dir. Date 8/28/15

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p18 a g 21

8/13/2105 – The ED, HWD and Assistant HWD held a staff meeting with all LPNs and Medication Technicians to review the tentative violations from the State Inspection and go over the Brookdale medication and medication administration policies and procedures that pertain to this regulation.

Starting 9/1/2015 and Weekly – The HWC will randomly review the Glucometers and cross reference them with the MAR to ensure that staff are accurately transcribing the readings. – to ensure ongoing compliance.

Monthly – Assistant HWD will review the outgoing MARs for any missed initials. Any resulting errors will be handled with the individual staff members through retraining or disciplinary action. CP. RGA
9/15/15

Evidence: Staff training log

Completion date: August 31, 2015

2600.187(d)

Resident #9's PRN Ventolin Inhaler was not available at the time of inspection.

Resident #10 is prescribed Lisinopril 2.5 mg tablet by mouth daily – hold if systolic blood pressure is less than 110. On 7/3/2015 the blood pressure was 118/98, 7/4/15 blood pressure 112/72, 7/6/15 blood pressure 112/58 ad 7/11/15 blood pressure 118/64 and the medication was administered.

Immediately - Resident #9's inhaler was ordered from the pharmacy and arrived the evening of the inspection

Immediately – The medication technician for resident #10 was counselled on Resident #10's orders.

8/13/2105 – The ED, HWD and Resident Care Coordinator held a staff meeting with all LPNs and Medication Technicians to review the tentative violations from the State Inspection and go over the Brookdale medication

S. Hamilton, Selden Granahan ED 8/28/15

Violation Report: 31612 - 07/30/2015 - Novak, Ryan
 PCH Name: BROOKDALE AT GRANDON FARMS

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #9's PRN ventolin inhaler was not available at the time of the inspection.
 Resident #10 is prescribed lisinopril 2.5mg tablet by mouth daily - hold if systolic blood pressure is less than 110. On 7/3/15 the blood pressure was 118/98, 7/4/15 blood pressure 112/72, 7/6/15 blood pressure 112/68 and 7/11/15 blood pressure 118/64 and the medication was administered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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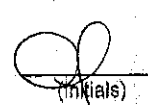
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Selden Granahan Date 8/28/15

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 (Date)

Plan of correction implementation status as of 9-15-15
 (Date)

The above plan of correction was approved by 
 (Initials)

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

187(d) cont'd

p 19 a g 21

and medication administration policies and procedures that pertain to this regulation.

Monthly – The HWD or Assistant HWD will review the MARs for residents that have orders to hold or give a medication to ensure those orders are being followed. Any resulting errors will be handled with the individual staff members through retraining or disciplinary action.

– to ensure ongoing compliance.
C. RLA
9-15-15

Evidence: Staff training log

Completion date: August 31, 2015

2600.236 – Direct care staff person F hired 1/7/13 only completed 4.5 of the required 6 hours of training in dementia care during the training year 2104.

*Staff person D did complete at least 6 hours of training for 2014.

Brookdale uses a web based staff training program. When the previous company merged with Brookdale, their web based training was archived but the archived data did not include the amount of time each training session took.

August 3, 2015 – The ED will implement a checklist tool to audit the 2015 annual staff training records.

September 15, 2015 – The BOD, Health and Wellness Director (HWD) 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 need by the end of the year.

Monthly - BOD and ED will review staff training record and web based training to ensure.

12/31/2015 – Staff person D will complete 6 hours of dementia specific training for 2015 plus an additional 1.5 hours for continuity.

Evidence: Staff training log

Shawn Selden Granahan
Exec. Dir, 8/28/15

Completion date: August 31, 2015

C.R.L.A. 9-15-15

Violation Report: 31612 - 07/30/2015 - Novak, Ryan
 PCH Name: BROOKDALE AT GRANDON FARMS


1. REGULATION 55 Pa. Code §2600
 2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION
 Direct care staff person F hired 1/7/13 only completed 4.5 of the required 6 hours of training in dementia care during training year 2014.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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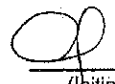
Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Selden Granahan Date 8/28/2015

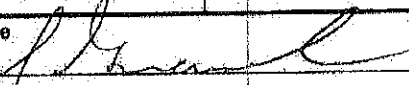
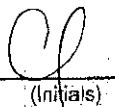
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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

Plan of correction implementation status as of 9-15-15
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 31612 - 07/30/2015 - Novak, Ryan PCH Name: BROOKDALE AT GRANDON FARMS	
1. REGULATION 55 Pa.Code §2600 2600.252 - Each resident's record must include the following information: (1) through (26)	
2a. DESCRIPTION OF VIOLATION The records of resident #4 and #11 did not indicate the resident's hair color.	
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.	
See attached	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 04/16/2015
Signature of Legal Entity Representative (Required on EVERY Page) 	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Stephen Granahan, Exec. Dir.</u> Date <u>8/28/15</u>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>9-15-15</u> (Date)	Plan of correction implementation status as of <u>9-15-15</u> (Date)
The above plan of correction was approved by  (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

p 21 a g 21

2600.252

The records of resident #4 and #11 did not indicate the resident's hair color.

Immediately – Hair color was added to Resident #4 and #11's hair color.

Immediately- The Wellness department audited all resident records to ensure they contained the required elements.

Immediately – The Assistant HWD will review every new record after admission to verify that all the necessary and required information is included.

Monthly – HWD will complete a random audit of 10% of the resident records for content. Results of audits will be provided to the Executive Director, who will direct additional corrective action based on findings.

Evidence: Staff training log

Completion date: August 31, 2015

Sharon Selden Granahan FD 8/28/15

Act, RLA

9-15-15