



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 19, 2016

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
Certificate #: 316120

Dear Mr. Ohlendorf:

As a result of the Department of Human Services' licensing inspection on October 23, 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.

The 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, appearing to read "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 31612 - 10/23/2015 - McCloskey, Jason
 PCH Name: BROOKDALE GRANDON FARMS

1. REGULATION 65 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for Resident 1, dated 9-4-15, does not include the medical professional's name or license number.

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
Pages 3A and 3B

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) <i>S. Denny Granahan, Exec. Dir.</i>	Date <i>1/14/2016</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/19/16</u> (Date)	Plan of correction implementation status as of <u>1/19/16</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31612 - 10/23/2015 - McCloskey, Jason
 PCH Name: BROOKDALE 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 medication administration record for Resident 1 does not include the diagnosis or purpose of *Lamictal 50 mg*.

Staff person A administered medications on 10-20-15, however, the master key does not include the staff person's printed name, signature or initials.

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
 Pages 3B and 3C

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) *S. Denny Granahan, Exec. Dir* Date *1/14/2016*

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The above plan of correction is approved as of 1/19/16
 (Date)

Plan of correction implementation status as of 1/19/16
 (Date)

The above plan of correction was approved by BAS
 (Initials)

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

Brookdale at Grandon Farms

Plan of Correction

The following is the Plan of Correction for Brookdale at Grandon Farms regarding the Statement of Deficiency dated January 7, 2016 for the incident follow-up survey October 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 2600.141(a)(1)

The medical evaluation for Resident #1, dated 9-4-2015, does not include the medical professional's name or license number.

Immediately – The Executive Director re-trained the appropriate staff on monitoring the required documents for completion according to community policy on 10/26/ 2015. The Community's Health and Wellness Director added the Physicians name and license number to the identified medical evaluation.

Immediately through 11/30/2015 – The Community's Health and Wellness Coordinator performed an audit of all medical evaluations to ensure that required information is captured.

Ongoing – The Health and Wellness Director/ Health and Wellness Coordinator will both review the medical evaluation for completion and

*1 S. Denny Granahan, ED
1/14/2016*

initial medical evaluations prior to filing in the medical record. The Executive Director will randomly monitor results for 3 months to verify if any further action is warranted.

Evidence: *Training attendance sheet*

Completion date: *January 1, 2016*

Regulation 2600.187(a)

The medication administration record for resident 1 does not include the diagnosis or purpose for Lamictal 50 mg.

Staff person A administered medications on 10/20/2015; however, the master key does not include the staff person's printed name.

Immediately – The Community's Health and Wellness Director conferred with the physician and added the diagnosis/purpose to resident #1's medication administration record (MAR). The Health and Wellness Director re-trained the appropriate staff on January 12, 2016 regarding the community policy on end of month MAR change over process.

Immediately and monthly – The Health and Wellness Coordinator or designee will review every MAR after medication change over to ensure that each medication includes all of the required information. Documentation of this review shall be kept.

Ongoing – Each LPN will be responsible for updating the MAR for any new order or change in medication. These changes will be highlighted to ensure the change is visible and to ensure easy auditing of the MAR.

2 *B. Denny Granahan ED*
[Signature] 11/4/2016

Ongoing – LPNs/Med Techs will review the MAR on their medication cart daily for missing information during medication administration. The MAR will be updated and the Health and Wellness Director notified of missing information and the additions or corrections made.

11/1/2015 – Staff person A will sign the Master Key for the Medication Administration Record before their next medication pass.

Monthly and Ongoing – A current Master Key will be distributed the 1st of each month with pre-printed names. The staff will sign and initial next to their name before their first medication pass of the month.

Monthly and Ongoing - The Health and Wellness Director or designee will review the key by the 10th to verify that all staff who've administered medications have completed the key. The previous month's key will be kept behind the current months and any older keys will be kept in a secondary binder.

Evidence: Staff re-training attendance sheet

Completion Date: January 16, 2016

S. Denny Granahan, EA
J. Granahan 1/14/2016