



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 23 2016

Ms. Betty Ulmer, Vice President
Emeritus Corporation
6737 West Washington Street, Suite 2300
Milwaukee, Wisconsin 53214

RE: Brookdale Bloomsburg
420 Shaffer Road
Bloomsburg, Pennsylvania 17815
License #: 211200

Dear Ms. Ulmer:

As a result of the Department of Human Services' annual licensing inspection on May 24, 2016 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, appearing to read "Jay Bausch", written in a cursive style.

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 21120 - 05/24/2016 - Harvey, Jason
 PCH Name: BR BROOKDALE BLOOMSBURG

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 resident privacy coding document was attached to the licensing inspection summary dated 5/28/15 posted on the bulletin board next to the reception desk. The privacy coding exposes the resident's confidential information.

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.

Brookdale Bloomsburg
 Plan of Correction
 The following is the Plan of Correction for Brookdale Bloomsburg regarding the Statement of Deficiency dated June 17, 2016 for the Renewal on May 24, 2016. This Plan of Correction is not to be as a Statement of Deficiencies, or any related sanction or fine. Rather, it is a 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 Executive Director immediately removed the privacy coding document from the bulletin board.

The Executive Director(ED) will re-train appropriate staff on resident confidentiality June 29, 2016 regarding the community policy on resident information confidentiality. The Executive Director or designee will randomly review posted information to assure confidentiality 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: June 30, 2016

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Marita Menghini-Spock*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Marita Menghini-Spock, PCHA, Executive Director Date 6/24/2016

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

The above plan of correction is approved as of <u>7-9-16</u> (Date)	Plan of correction implementation status as of <u>7-9-16</u> (Date)
The above plan of correction was approved by <u>MS</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

Violation Report: 21120 - 05/24/2016 - Harvey, Jason
 PCH Name: BR OOKDALE BLOOMSBURG

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(8) - The contract shall specify the home's rules related to home services, including whether the home permits smoking

2a. DESCRIPTION OF VIOLATION
 Resident #1 contract dated 3/19/16 and #2 contract dated 3/29/16 does not include whether the home permits smoking. The homes policy on smoking notes any person that smokes must do so in the designated outside area.

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.

Regulation 2600.25 (c) (8)

The resident contract has been amended to further clarify the policy on smoking.

The addition of smoking being allowed in designated areas was added. This new contract will be utilized with all new residents moving into the community effective June 25, 2016.

The Executive Director or designee will post the current smoking policy so the current residents in the community are aware there is a designated smoking area available.

Completion Date: June 25, 2016


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Marita Menghini Spock

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Marita Menghini-Spock, PCHA, Executive Director	Date	6/24/2016
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Violation Report: 21120 - 05/24/2016 - Harvey, Jason
 PCH Name: BR OOKDALE BLOOMSBURG

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

The bathroom located in Room #27 is a shared bathroom. The bathroom contained 3 sets of washcloths and hand towels. The towel bars were not labeled to identify who the towels belong to.

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.

Regulation 2600.102 (k)

The towels were removed immediately. The Maintenance Director labeled the bars as to which resident would be assigned each bar. An audit was done of the other shared bathrooms to determine if the towel bars were labeled. Any unlabeled towel bars were labeled with the resident name or room number associated with each.

The appropriate staff were re-trained on the community policy regarding not sharing towels on May 27, 2016 by the Maintenance Technician.

The Maintenance Technician or designee will randomly audit the towel bars in these identified bathrooms for 3 months. The Executive Director or designee will monitor results to determine if further action is warranted.

Evidence: Staff training attendance forms, bathroom towel bar audit


Completion Date: June 30, 2016.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Marita Menghini-Spock, PCHA, Executive Director	Date	6/24/2016
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Violation Report: 21120 - 05/24/2016 - Harvey, Jason
 PCH Name: BR OOKDALE BLOOMSBURG

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 labeled G would not open immediately when pushed upon, preventing immediate egress in the event of an emergency.

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.

Regulation 2600.121 (a)

The exit door was immediately repaired by the Maintenance Technician on May 24, 2016.

Appropriate staff were retrained on the importance of monitoring exit doors and egresses for proper functioning and reporting according to community policy on June 29, 2016 by the ED.

The process for completing repairs and tracking for inspection requirements are monitored by the Maintenance Technician or designee via weekly environmental round audits.

Executive Director or designee will randomly audit environmental rounds reports for 3 months to verify if further action is required.

Evidence: training attendance document

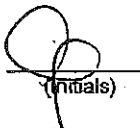
Completion Date: June 30, 2016

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Marita Menghini-Spock, PCHA, Executive Director	Date	6/24/2016
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Violation Report: 21120 - 05/24/2016 - Harvey, Jason
 PCH Name: BR1 - OOKDALE BLOOMSBURG

1. REGULATION 55 Pa.Code §2600

2600.130(e) - If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

2a. DESCRIPTION OF VIOLATION

Resident #3 is unable to hear the smoke detector or fire alarm system when the resident removes his/her hearing aide. The resident does not have a signaling device approved by a fire safety expert in the event of a fire.

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.

Regulation 2600.130 (e)

On May 25, 2016- Residents with known hearing impairments were evaluated to ensure they can adequately hear the alarm system. Any resident requiring an alternative signaling device will have one installed.

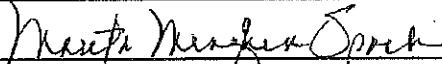
On June 29, 2016 appropriate staff were trained on this community policy by the ED which included that all residents need to be evacuated to a designated safe area.

Executive Director and/or designee will continue to observe and note evacuation issues/concerns on the monthly fire drill log. Fire Drills and evacuation concerns/issues will be reviewed monthly by the ED or designee.

Evidence- Staff training log, resident hearing impairment audit


Completion Date: June 30, 2016

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) Marita Menghini-Spock, PCHA, Executive Director	Date 6/24/2016
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Violation Report: 21120 - 05/24/2016 - Harvey, Jason
 PCH Name: BR OOKDALE BLOOMSBURG

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

2a. DESCRIPTION OF VIOLATION
 It has been determined through resident and staff interviews that not all of the residents are evacuated during a fire drill. The residents that are not affected by the fire remain in their room and wait for instruction.

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.

Regulation 2600.132 (h)

Appropriate staff were retrained in the fire drill community policy that each resident will be evacuated to a fire-safe area during each drill by the Maintenance Technician on May 27, 2016.

Executive Director and/or designee will continue to observe and note evacuation issues/concerns on the monthly fire drill log to verify if further action is warranted.

Fire Drills and evacuation concerns/issues will be reviewed at the quarterly safety meeting and by the ED to verify if any further action is warranted.

Evidence-Staff training attendance log

Completion Date: June 30, 2016

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Marija Menghini Spock*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Marija Menghini-Spock, PCHA, Executive Director Date **6/24/2016**

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Violation Report: 21120 - 05/24/2016 - Harvey, Jason
 PCH Name: BR OOKDALE BLOOMSBURG

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #2 pre-admission screening does not indicate if the home can meet the resident's needs.

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.

Regulation 2600.224 (a)

The pre-admission screen for resident #2 was immediately updated to include that the home was able to meet their needs and that the box was appropriately checked.

Appropriate staff were re-trained on June 29, 2016 by the ED in completing the pre-admission screen according to community policy.

An audit will be completed by the Health and Wellness Director to assure all forms are completed according to policy to assure all pre-admission screens accurately reflect resident needs and the home's ability to care for them.

The Health and Wellness Director put in place a system where there are 2 initials on each required move-in document to assure completion.

The ED will monitor for compliance randomly for 3 months to verify if further action is warranted.

Evidence; training attendance form


Completion date: August 1, 2016

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Marita Menghini Spock*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Marita Menghini-Spock, PCHA, Executive Director Date **6/24/2016**

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Violation Report: 21120 - 05/24/2016 - Harvey, Jason
 PCH Name: BR OOKDALE BLOOMSBURG

1. REGULATION 55 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 Resident #4's RASP dated 12/30/15 does not indicate the resident's inability or the resident's refusal to sign the RASP.

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.

Regulation 2600. 227 (h)

It was documented by the HWD that the resident was unable to sign the RASP/ support plan day of survey.

The appropriate staff were retrained by the Health and Wellness Director on June 29, 2016 regarding the community policy on resident participation in the RASP/ support plan.

The Health and Wellness Director or designee will review every RASP/ support plan prior to placing in the medical record to monitor for resident signatures.

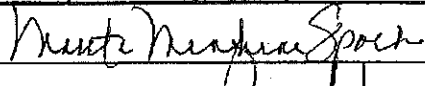
The Health and Wellness Director or designee will audit the current RASP/ support plans for resident participation weekly as updated for 2 months to verify if further action is warranted.

The ED will monitor for compliance to verify if further action is warranted.

Evidence- staff training attendance sheet

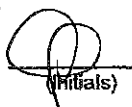
Completion Date- June 30, 2016

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Signature of Legal Entity Representative (Required on EVERY Page)	
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