



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 23 2016

Mr. Brian Hofsass, Executive Director
Emeritus Corporation
6737 West Washington Street, Suite 230
Milwaukee, Wisconsin 53214

RE: Brookdale Harrisburg
3560 North Progress Avenue
Harrisburg, Pennsylvania 17110
License #: 316110

Dear Mr. Hofsass:

As a result of the Department of Human Services' annual licensing inspections on June 21, 2016 and June 22, 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 that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 31611 - 06/21/2016 - Bomberger, Cybil
 PCH Name: BROOKDALE HARRISBURG

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 On 6/21/16, the most recent violation report that was posted in the home was from an inspection dated 9/5/13. The violation reports for calendar year 2015 were not posted in the home.

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.

Refer to Page 2A

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)

Cybil Bomberger - Executive Director

Date 7/1/16

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

The above plan of correction is approved as of

7/6/16
 (Date)

Plan of correction implementation status as of

7/6/16
 (Date)

The above plan of correction was approved by

BAS
 (Initials)

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

Brookdale Harrisburg

Plan of Correction

The following is the Plan of Correction for Brookdale Harrisburg regarding the Statement of Deficiency dated June 27, 2016 for the Renewal on June 21, 2016 and June 22, 2016. This Plan of Correction is not to be as a 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 2600.3(c)

Immediately the Executive Director posted the violation report from 2015. The Executive Director (ED) re-trained appropriate staff on the community policy regarding posting the most recent licensing summary in a conspicuous place on June 30, 2016. The Executive Director or designee will randomly review posted information to assure postings are current for the next 3 months to monitor for compliance and determine if further action is required. The ED will direct additional actions based on findings.

Evidence- Staff training attendance log

Completion Date: July 1, 2016

Regulation 2600.91

Day of survey emergency phone numbers were reposted near the phone in the library as well as in resident rooms #311 and #333. Appropriate staff were re-trained on the community policy regarding access to emergency phone numbers at any phone that has an outside line as well as in resident rooms by the ED on June 30, 2016. The Maintenance Director or designee will randomly audit common area phones and resident rooms for posting of appropriate emergency information to assure postings meet the community policy for the next 3 months. The ED will review the findings for compliance and determine if further action is required for the next 3 months. The ED will direct additional actions based on findings.

Evidence- Staff training attendance log

Completion Date: July 1, 2016



Violation Report: 31811 - 06/21/2016 - Bombarger, Cybill
 PCH Name: BROOKDALE HARRISBURG

1. REGULATION 55 Pa.Code §2600

2600.81 - 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 required telephone numbers are not posted at the telephone located in the library area of the home and the telephones in resident rooms #311 and #333.

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.

Refer to Page 3A

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)

Erwan Ho Bass Executive Director

Date *7/1/16*

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Brookdale Harrisburg

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Immediately the Executive Director posted the violation report from 2015. The Executive Director(ED) re-trained appropriate staff on the community policy regarding posting the most recent licensing summary in a conspicuous place on June 30, 2016. The Executive Director or designee will randomly review posted information to assure postings are current for the next 3 months to monitor for compliance and determine if further action is required. The ED will direct additional actions based on findings.

Evidence- Staff training attendance log

Completion Date: July 1, 2016

Regulation 2600.91

Day of survey emergency phone numbers were reposted near the phone in the library as well as in resident rooms #311 and #333. Appropriate staff were re-trained on the community policy regarding access to emergency phone numbers at any phone that has an outside line as well as in resident rooms by the ED on June 30, 2016. The Maintenance Director or designee will randomly audit common area phones and resident rooms for posting of appropriate emergency information to assure postings meet the community policy for the next 3 month. The ED will review the findings for compliance and determine if further action is required for the next 3 months. The ED will direct additional actions based on findings.

Evidence- Staff training attendance log

Completion Date: July 1, 2016



Violation Report: 31611 - 06/21/2016 - Bomberger, Cybil
 PCH Name: BROOKDALE HARRISBURG

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The bed located in bedroom #200 of the secure dementia unit does not have an operable source of light that can be turned on/off from bedside.

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.

Refer to Page 4A

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) Eric Hobass - Executive Director Date 7/1/16

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 2600.101 (j) (7)

The Maintenance Director changed the burned out light bulb day of survey. The Maintenance Director was re-trained on the community policy regarding resident access to an operable light source that can be turned on at the bedside on June 30, 2016 by the Executive Director. Re-training on the community policy for reporting maintenance issues by the appropriate direct care associates in resident rooms as well as the community policy on available bedside lighting will be provided by the Executive Director on July 20, 2016. The Maintenance Director or designee will make routine inspections on all lighting to monitor for compliance. The Executive Director or designee will review audit findings for 3 months to determine compliance and to verify if any further action is warranted.

Evidence: Re-training attendance sheets

To be completed: July 20, 2016

Regulation 2600.127 (a)

The portable space heater was removed from the resident room #311 on June 21, 2016 and then taken home by the family on June 26, 2016. The family was educated on the community policy regarding space heaters. The care associates will be retrained on July 20, 2016 by the ED regarding the dangers of space heaters and the need to report if found in any resident rooms. The Maintenance Director will conduct weekly inspections for 3 months to monitor for compliance. The Executive Director or designee will review inspection reports for the next 3 months to monitor for compliance and determine if further action is required. The ED will direct additional actions based on findings.

Evidence-Staff training attendance log

Completion Date: July 20, 2016

Regulation 2600.132 (c)

The appropriate staff were retrained in documentation requirements for fire drills by the Executive Director on June 30, 2016. The Maintenance Director or designee will ensure that all times on each fire drill indicate whether they were in the morning or evening. Executive Director or designee will review fire drill reports monthly for 6 months to monitor compliance and determine if further action is required.

Evidence: Attendance in-service sheet

Completion Date: July 1, 2016



Violation Report: 31611 - 06/21/2016 - Bomberger, Cybil
 PCH Name: BROOKDALE HARRISBURG

1. REGULATION 55 Pa.Code §2600
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

On 06/23/2016 , a portable space heater was found in room #311 of the personal care home. Specifically, a free-standing electric fireplace was found that, when turned on, provided a significant source of heat..

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.

Refer to Page 5A

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Date(s) of Previous Violation(s):

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Date 7/1/16

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The Maintenance Director changed the burned out light bulb day of survey. The Maintenance Director was re-trained on the community policy regarding resident access to an operable light source that can be turned on at the bedside on June 30, 2016 by the Executive Director. Re-training on the community policy for reporting maintenance issues by the appropriate direct care associates in resident rooms as well as the community policy on available bedside lighting will be provided by the Executive Director on July 20, 2016. The Maintenance Director or designee will make routine inspections on all lighting to monitor for compliance. The Executive Director or designee will review audit findings for 3 months to determine compliance and to verify if any further action is warranted.

Evidence: Re-training attendance sheets

To be completed: July 20, 2016

Regulation 2600.127 (a)

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Evidence: Staff training attendance log

Completion Date: July 20, 2016

Regulation 2600.132 (c)

The appropriate staff were retrained in documentation requirements for fire drills by the Executive Director on June 30, 2016. The Maintenance Director or designee will ensure that all times on each fire drill indicate whether they were in the morning or evening. Executive Director or designee will review fire drill reports monthly for 6 months to monitor compliance and determine if further action is required.

Evidence: Attendance in-service sheet

Completion Date: July 1, 2016



Violation Report: 31611 - 06/21/2016 - Bomberger, Cybil
PCH Name: BROOKDALE HARRISBURG

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 fire drill records for the drills conducted on 10/29/2015, 11/4/2015, and 1/21/2016 do not include the designation of AM or PM.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Refer to Page 6A

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ben Hobass - Executive Director* Date *7/11/16*

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(Initials)

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(Date)

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Evidence: Re-training attendance sheets

To be completed: July 20, 2016

Regulation 2600.127 (a)

The portable space heater was removed from the resident room #311 on June 21, 2016 and then taken home by the family on June 26; 2016. The family was educated on the community policy regarding space heaters. The care associates will be retrained on July 20, 2016 by the ED regarding the dangers of space heaters and the need to report if found in any resident rooms. The Maintenance Director will conduct weekly inspections for 3 months to monitor for compliance. The Executive Director or designee will review inspection reports for the next 3 months to monitor for compliance and determine if further action is required. The ED will direct additional actions based on findings.

Evidence-Staff training attendance log

Completion Date: July 20, 2016

Regulation 2600.132 (c)

The appropriate staff were retrained in documentation requirements for fire drills by the Executive Director on June 30, 2016. The Maintenance Director or designee will ensure that all times on each fire drill indicate whether they were in the morning or evening. Executive Director or designee will review fire drill reports monthly for 6 months to monitor compliance and determine if further action is required.

Evidence: Attendance in-service sheet

Completion Date: July 1, 2016

(AW)

Violation Report: 31611 - 06/21/2016 - Bomberger, Cybil
 PCH Name: BROOKDALE HARRISBURG

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 (MAR) for resident # 1 lists prescribed medication Finasteride 5mg, one tablet to be taken daily. The physician's order and the medication in packet and labeled by the pharmacy states the medication is to be given as half a tablet for a total of 2.5 mg daily. Therefore, the MAR does not match what is delineated on the actual prescription.

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.

Refer to Page 7A

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)

Barry Noelle - Executive Director

Date *7/11/16*

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

The above plan of correction is approved as of 7/6/16
 (Date)

Plan of correction implementation status as of 7/6/16
 (Date)

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

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

Regulation 2600.187 (a)

The electronic MAR (EMAR) order was revised to accurately reflect the packaging dose and physician order. The medication dose, when converted to the EMAR 2 weeks prior was entered without proper clarification. The resident never received an incorrect medication dose. The Health and Wellness Director was re-trained on the importance of correct transcription from the physician order to the EMAR by the Director of Clinical Services on June 30, 2016. The Resident Care Coordinator or designee will audit the EMARS on a monthly basis to assure compliance with new medication orders. The Health and Wellness Director will review audit results to verify if further action is warranted.

Evidence: Attendance in-service sheet

Completion Date: July 1, 2016

Regulation 2600.224 (a)

The appropriate staff were re-trained on the community policy regarding "Pre-Admission Screenings" by the ED on June 30, 2016, 2016. The Health and Wellness Director or designee will audit new move-in records weekly for 3 months to verify for compliance. The Executive Director or designee will monitor results for 3 months to determine if further action is warranted.

Evidence: training attendance form

Completion Date: June 30, 2016.



Violation Report: 31811 - 06/21/2016 - Bomberger, Cybil
 PCH Name: BROOKDALE HARRISBURG

1. REGULATION 58 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
 The preadmission screenings for resident #2 and resident #3 were not completed on the Department's preadmission screening form.

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.

Refer to Page 8A

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) *Ben H. Staff Executive Director* Date *7/11/16*

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

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The above plan of correction was approved by <u>BAS</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

Regulation 2600.187 (a)

The electronic MAR (EMAR) order was revised to accurately reflect the packaging dose and physician order. The medication dose, when converted to the EMAR 2 weeks prior was entered without proper clarification. The resident never received an incorrect medication dose. The Health and Wellness Director was re-trained on the importance of correct transcription from the physician order to the EMAR by the Director of Clinical Services on June 30, 2016. The Resident Care Coordinator or designee will audit the EMARS on a monthly basis to assure compliance with new medication orders. The Health and Wellness Director will review audit results to verify if further action is warranted.

Evidence: Attendance in-service sheet

Completion Date: July 1, 2016

Regulation 2600.224 (a)

The appropriate staff were re-trained on the community policy regarding "Pre-Admission Screenings" by the ED on June 30, 2016, 2016. The Health and Wellness Director or designee will audit new move-in records weekly for 3 months to verify for compliance. The Executive Director or designee will monitor results for 3 months to determine if further action is warranted.

Evidence: training attendance form

Completion Date: June 30, 2016.

* All Preadmission screenings completed for new residents of the home shall be recorded on the Department's preadmission screening form.

BAS 7/6/16

