



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

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

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

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

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

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

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

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

Restrictions: _____

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

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

and shall remain in effect from **February 19, 2016** until **February 19, 2017**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **428680**

Robert E. Robinson

ISSUING OFFICER

Jay Baul

DEPUTY SECRETARY

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

HS 628 - 12/14



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 12 2016

Ms. Kristen A. Ferge, Executive VP and Treasurer
Ms. Sherri R. Gillespie, Executive Director
Brookdale Senior Living Communities, Inc.
6737 West Washington Street, Suite 230
Milwaukee, Wisconsin 53214

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

Dear Ms. Ferge and Ms. Gillespie:

As a result of the Department of Human Services' annual licensing inspections on August 2, 2016 and August 3, 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 "J. Rowe", written over a faint circular stamp.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PGH Name: BROOKDALE MURRYSVILLE		License Number: 42888
Address: 5300 OLD WILLIAM PENN HIGHWAY, EXPORT, PA 15632		County: Westmoreland
Administrator: Theresa Wright		Region: CENTRAL
Legal Entity Name: BROOKDALE SENIOR LIVING COMMUNITIES INC		
Legal Entity Address: 5300 OLD WILLIAM PENN HIGHWAY, EXPORT, PA 15632		
Certificate(s) of Occupancy		
C-2 LP 12/09/1997 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 70	Waking Staff: 53
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
08/02/2016: Springs, Israel; McCloskey, Jason 08/03/2016: Springs, Israel; McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 42 Number of Residents Served: 35 Secured Dementia Care Unit in Home: Yes Area: Facility Secured Dementia Unit Capacity, if Applicable: 42 Number of Residents Served in Secured Dementia Care Unit, if applicable: 35 Number of Current Hospice Residents: 10 Number of Hospice Residents in past year: 25	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 35 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 35 Have a Physical Disability: 0	

Violation Report: 42868 - 08/02/2016 - Springs, Israel
PCH Name: BROOKDALE MURRYSVILLE

1. REGULATION 55 Pa.Code §2600
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

The home operates as a secured dementia care unit and serves a population of residents that display elopement behaviors. The home's two rear exits are equipped with panic doors that will open after 15 seconds of pressure. On 3/6/16 at approximately 1:15 pm, Resident #7, eloped from the home using one of these exits, was found at a local Sheetz, and returned to the facility by local law enforcement. On 8/2/16, inspectors observed four staff members escorting Resident #1 back into the facility. Resident #1 had eloped from the building using one of the previously mentioned exits. Staff responded to the door alarm and found Resident #1 outside the facility. During discussions with staff, inspectors were informed that Resident #1 frequently leaves the facility through this door. The home has not provided proper safety measures to address the needs of residents who present with elopement behaviors.

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.

Please see attached.

Page 2A

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sherrri Gillespie, RN, ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sherrri Gillespie, Executive Director*

Date *8-29-16*

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

The above plan of correction is approved as of 8/30/16
(Date)

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

Plan of correction implementation status as of 8/30/16
(Date)

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

Page 2A of 6

Regulation 2600.42(b)

A service request has been generated to Simplex to take the egress status off the 4 rear doors and install MAG locks that will only be released on key pad or fire alarm. Resident #7's family is currently relocating to South Carolina and will move Resident #7 with them. The support plans for these 2 residents have been update to reflect strategies and staff are encouraged to be extra vigilant to these residents. All appropriate staff will be re-trained on Neglect and Abuse on 8/30/2016 by the Executive Director.

Evidence: Staff attendance training log, Simplex Service Request

Completion Date: August 30, 2016

Violation Report: 42868 - 08/02/2016 - Springs, Israel
 PCH Name: BROOKDALE MURRYSVILLE

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

Four Camel Menthol cigarette butts and ashes were found on the ground in the central courtyard of the facility. This area is not designated as a smoking 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.

Please see attached. Page 3A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Sherri Gillespie, RN, ED

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Sherri Gillespie, Executive Director

Date

8-29-16

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

The above plan of correction is approved as of

8/30/16
(Date)

Plan of correction implementation status as of

8/30/16
(Date)

The above plan of correction was approved by

SGS
(Initials)

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

Regulation 2R600.144(c)

The cigarette butts were immediately removed from the ground on August 2, 2016. No smoking signs were placed at both doors into the inner courtyard. Appropriate staff will be re-trained on the community smoking policy by Executive Director on August 30, 2016. A letter will be sent to all resident's responsible parties informing them where the designated smoking area is located. Environmental rounds will be completed by the Maintenance Technician weekly and documented for 3 months. Staff will monitor visitors and provide direction for compliance, as needed. The Executive Director will monitor the Environmental Rounds audits to verify if further action is warranted.

Evidence: Staff training attendance log, copy of sign posted, Environmental Rounds Form, copy of letter being sent to the families.

Completion Date: September 6, 2016

Violation Report: 42868 - 08/02/2016 - Springs, Israel
 PCH Name: BROOKDALE MURRYSVILLE

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 8/3/16, eight syringes of Resident #2's prescribed ABH (Ativan, Benadryl, Haldal) .5mm (1/12.5/2 mg) were located in the facility. All of these syringes had a labeled expiration date of 7/20/16.

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.

Please see attached. Page 4A

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sherrie Gillespie, Executive Director</i>	Date <i>8-29-16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/30/16
 (Date)

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

Plan of correction implementation status as of 8/30/16
 (Date)

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

Regulation 2600.183(d)

The 8 syringes of expired medications were immediately discarded by the Health and Wellness Director. Hospice was notified of the expired medications and new medications were received on August 3, 2016. The Health and Wellness Director has completed an audit on the medication cart on August 3, 2016. The Health and Wellness Director will re-train Medication Technicians on the community policy on Medication Administration and reviewing medications for expiration dates on 8/30/2016. The Health and Wellness Director or designee will conduct random audits on the medication cart to maintain compliance with this requirement. The Executive Director or designee will monitor to verify if any further action is warranted.

Evidence: Attendance Log for training

Completion Date: August 30, 2016

Violation Report: 42888 - 08/02/2016 - Springs, Israel
 PCH Name: BROOKDALE MURRYSVILLE

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 Resident #5's and #6's prescribed Advair 250/50 Inhalers were opened, but not dated as to when they were opened. The instructions for these inhalers direct for them to be discarded after one month from opening.

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.

Please see attached. Page 5A

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sherril Gillespie, Executive Director* Date *8-29-16*

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

The above plan of correction is approved as of 8/30/16
 (Date)

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

Plan of correction implementation status as of 8/30/16
 (Date)

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

2600.183(e)

The medications that were not labeled were discarded day of survey. The Health and Wellness Director has completed an audit on the medication cart, all medications are dated when opened. On 8/30/2016 all medication technicians will be re-trained by the Health and Wellness Director on the community policy on Medication Administration and the procedure regarding the dating of identified medications once opened. The Health and Wellness Director or designee will conduct random audits on the medication cart to maintain compliance with this requirement. The Executive Director or designee will monitor for compliance for 3 months to verify if any further action is warranted..

Evidence: Attendance Log for training

Completion Date: September 6, 2016

Violation Report: 42868 - 08/02/2016 - Springs, Israel
PCH Name: BROOKDALE MURRYSVILLE

1. REGULATION 56 Pa. Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The resident records for for Residents #3, #4, and #5 did not document if the residents had any identifying marks.

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.

Please see attached. Page 6A

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sherrin Gillogie, RN, ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sherrin Gillogie, Executive Director*

Date *8-29-16*

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

The above plan of correction is approved as of 8/30/16
(Date)

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

Plan of correction implementation status as of 8/30/16
(Date)

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

Regulation 2600.252

The Emergency Contact Forms for resident #3, #4 and #5 were updated August 3, 2016 to include any identifying marks. The Health and Wellness Director completed an audit on August 26, 2016 of all resident charts to ensure that the Emergency Contact Forms were completed appropriately within 72 hours of admission and contained all the necessary information. The Resident Care Coordinator was re-trained by the Health and Wellness Director on August 24, 2016 regarding completion of Emergency Contact Forms. The Health and Wellness Director or designee will conduct random audits on the Emergency Contact Sheets to maintain compliance with this requirement. The Executive Director or designee will monitor for compliance for 3 months to verify if any further action is warranted..

Evidence: Attendance Log for training

Completion Date: September 1, 2016