



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 07 2016

Ms. Anna Munoz, Assistant Secretary
Emeritus Corporation
6737 West Washington Street, Suite 2300
Milwaukee, Wisconsin 53214

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

Dear Ms. Munoz:

As a result of the Department of Human Services' annual licensing inspections on August 15, 2016 and August 16, 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 cursive script that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 31612 - 08/15/2016 - Bomberger, Cybil
 PCH Name: BROOKDALE GRANDON FARMS

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 8/16/2016 at 10 am, there was a heavy accumulation of lint covering the filter in the lint trap of the Huebsch Commercial Dryer.

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 2600.105(g)(1)

On August 18, 2016 the Maintenance Director removed the lint from the Huebsch Dryer. The Maintenance Director then checked all lint traps in the other commercial dryers and in each neighborhood of the community. Reminder signs to empty lint traps were posted over each commercial dryer and for each dryer in the common areas. The Maintenance Director or designee will audit the dryers weekly for lint. The appropriate staff were re-trained on August 25, 2016 regarding removal of lint prior to using the dryer. The Executive Director will review the audit results for 3 months to determine if any further action is warranted.

Evidence- Staff training attendance log, Signage for dryers, audit tool

Completion Date: August 25, 2016

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Matthew Cox HMO, PCNA

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

Matthew Cox HMO, PCNA

Date

8-26-16

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

BAS
 (Initials)

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

Violation Report: 31612 - 08/15/2016 - Bomberger, Cybil
 PCH Name: BROOKDALE GRANDON FARMS

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been reviewed, updated, and submitted to the local emergency management agency since 3/13/2014.

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.

Regulation 2600.107 (d)

The updated Brookdale Emergency Plan was delivered by hand to the Cumberland County Public Safety on August 25, 2016 for review. Going forward on an annual basis the plan will be sent for review to the Cumberland County Public Safety Department by the Executive Director and documentation will be retained in the Emergency Procedure Binder at the community.

Evidence- Staff training attendance log, Updated Emergency Plan

Completion Date: August 30, 2016

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Matthew Cox - HMO, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Matthew Cox HMO, PCHA</i>	Date <i>8-26-16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/31/16
 (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

Violation Report: 31612 - 08/15/2016 - Bomberger, Cybil
 PCH Name: BROOKDALE GRANDON FARMS

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

2a. DESCRIPTION OF VIOLATION
 A freestanding electric fireplace that produces heat was located in room number 616.

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 2600.127 (a)

The fireplace was immediately unplugged by the Maintenance Director. On August 15, 2016 the Health and Wellness Director reviewed with the resident and family that the working fireplace presented a fire hazard. The Maintenance Director removed the power source from the fireplace thus disabling the heater function since the resident requested it stay in apartment. The resident confirmed it would only be used as a stand for television. On August 25, 2016 appropriate staff were re-trained on the community policy regarding resident use of portable heat sources. On August 25, 2016 a letter was sent out to all families explaining the hazards of using portable heat sources. The Maintenance Director or designee will round monthly in all resident rooms to assure there are no portable space heaters for 3 months. The Executive Director will review audit results to verify if any further action is warranted.

Evidence: Re-training attendance sheets, family letter

Completion Date: August 25, 2016

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Matthew Co. HWD, PCMA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Matthew Co. HWD, PCMA* Date *8-26-16*

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 (Date)

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31612 - 08/15/2016 - Bomberger, Cybil
 PCH Name: BROOKDALE GRANDON FARMS

1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 On 3/29/2016 at 6:50 am, 9 staff members participated in the sleeping hours fire drill.
 On 8/10/2016, at 6:23 am, 10 staff members participated in the sleeping hours fire drill.
 According to staff records, the average number of staff on duty during sleeping hours is 4. These drills were held at times during change of shifts and represent a higher number of on duty staff than during normal conditions.

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 (g)

An overnight fire drill was held on August 25, 2016 at a time other than change of shift when additional staff were not available. The Maintenance Director was re-trained on the community policy for fire drills on August 23, 2016 by the District Director of Operations. Procedures and scheduling of fire drills have been adjusted to ensure these drills are completed during mid-shift times. The Executive Director will monitor the fire drill reports monthly to ensure that drills are being completed on varying days and times, not at the times with higher than normal staffing or at times of low resident attendance to verify if any further action is warranted.

Evidence: Training Attendance sheet, August 25, 2016 Fire Drill Record

Completion Date: August 30, 2016.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Matthew Cox M.D., PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Matthew Cox M.D., PCHA* Date *8-26-16*

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The above plan of correction is approved as of <u>8/30/16</u> (Date)	Plan of correction implementation status as of <u>8/30/16</u> (Date)
The above plan of correction was approved by <u>BRS</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: 31612 - 08/15/2016 - Bornberger, Cybil
 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 records for the following residents medications do not list the diagnosis or purpose for the medication:
 Resident #3's prescribed Dicyclomine 10 mg. and prescribed Amlodarone 200 mg.
 Resident # 2's prescribed Levetirecetam.
 Resident # 4's prescribed Metolozone.

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 Page 6A

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/23/2015
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Matthew A. Hill, RCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Matthew A. Hill, RCHA</i>	Date <i>8-26-16</i>
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 (Date)

The above plan of correction was approved by BJS
 (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 2600.187 (a)

Immediately the Health and Wellness Director and Resident Care Coordinator called the respective physicians to clarify the diagnosis or purpose for use of each of these medications. The Medication Administration Records were updated to include this information. Appropriate staff were re-trained by the Health and Wellness Director on August 25, 2016 regarding the community policy for order transcription. An audit was performed on August 25, 2016 by the Health and Wellness Director / Health and Wellness Coordinator to assure that all orders listed a purpose for administration. The Health and Wellness Coordinator or designee will review medication administration audits monthly. The Health and Wellness Director will review the results of the audits to verify compliance and to determine if any further action is warranted.

Evidence: Attendance in-service sheet, audit tool

Completion Date: August 25, 2016

Violation Report: 31612 - 08/15/2016 - Bomberger, Cybil
 PCH Name: BROOKDALE GRANDON FARMS

1. REGULATION 55 Pa. Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

The following medication refusals were not reported to the prescriber:

- On 8/1/2016 at 8 pm Resident # 5 refused the administration of Donepezil.
- On 8/15/2016 at 6 am, Resident #6 refused the administration of Levothyroxine.
- On 8/1/2016 at 8 pm, Resident #7 refused the administration of Lorazepam.

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 2600.187 (c)

On August 15, 2016 all refused medication notifications for resident #5, #6, and #7 were sent out to the physician of record using the Brookdale Form. The appropriate staff were re-trained on the community policy regarding medication administration and refusals also including use of the Medication refusal Form. The Health and Wellness Coordinator will audit medication administration records for 3 months to verify the policy is being followed. The Health and Wellness Director will review these audits to verify if further action is warranted.

Evidence: Attendance in-service sheet, Medication Refusal Form

Completion Date: August 25, 2016

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Matthew Co HWD, PCMA

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

Matthew Co HWD, PCMA

Date

8-26-16

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 (Initials)

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- Not Implemented

Violation Report: 31612 - 08/15/2016 - Bomberger, Cybil
 PCH Name: BROOKDALE 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 Persons A and B received 5 hours and 15 minutes of training related to dementia care and services during the 2015 training year.

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 2600.236

The Clare Bridge Program Director was re-trained on the community policy relating to Dementia Care annual education requirements on August 22, 2016 by the Health and Wellness Director. The annual training plan for 2016 will be reviewed for current training status by the Business Office Manager, and Executive Director and Health and Wellness Director to assure training is on track for the current year using the attached plan for 2016. The Business Office Manager or designee will review training records monthly including the web based trainings. The Executive Director will review results monthly to verify if further action is warranted.

Evidence: Attendance in-service sheet, Annual Training Plan for 2016

Completion Date: August 25, 2016

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/30/2015	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Matthew Cox, MD, PCMH*

Contact Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Matthew Cox, MD, PCMH* Date *8-26-16*

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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

Violation Report: 31612 - 08/15/2016 - Bomberger, Cybil
 PCH Name: BROOKDALE 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 record for Resident #1 does not contain the resident's hair color and identifying marks.
 The record for Resident #2 is missing eye color, hair color, and identifying marks.
 The record for Resident 3 is missing eye color and 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.

Regulation: 2600.252

Records for residents #1, #2, and #3 were immediately updated to include eye color, hair color and identifying marks. The appropriate staff were re-trained in the proper Face Sheet documentation process on August 25, 2016 by the Health and Wellness Director. The Health and Wellness Director or designee will review all resident face sheets on move-in to assure compliance with community policy. The Health and Wellness coordinator will audit all current face sheets for proper documentation. The Executive Director will review audit results to determine if any further action is warranted.

Evidence: Attendance in-service sheet, Annual Training Plan for 2016

Completion Date: August 25, 2016

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/30/2015
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Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature] HWD, PCHA

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

Matthew Co HWD, PCHA

Date: 8-26-16

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 [Signature]
 (Initials)

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

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

Brookdale Grandon Farms

Plan of Correction

The following is the Plan of Correction for Brookdale Grandon Farms regarding the Statement of Deficiency dated August 18, 2016 for the Renewal on August 15-16, 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 2600.105(g)(1)

On August 18, 2016 the Maintenance Director removed the lint from the Huebsch Dryer. The Maintenance Director then checked all lint traps in the other commercial dryers and in each neighborhood of the community. Reminder signs to empty lint traps were posted over each commercial dryer and for each dryer in the common areas. The Maintenance Director or designee will audit the dryers weekly for lint. The appropriate staff were re-trained on August 25, 2016 regarding removal of lint prior to using the dryer. The Executive Director will review the audit results for 3 months to determine if any further action is warranted.

Evidence- Staff training attendance log, Signage for dryers, audit tool

Completion Date: August 25, 2016

Regulation 2600.107 (d)

The updated Brookdale Emergency Plan was delivered by hand to the Cumberland County Public Safety on August 25, 2016 for review. Going forward on an annual basis the plan will be sent for review to the Cumberland County Public Safety Department by the Executive Director and documentation will be retained in the Emergency Procedure Binder at the community.

Evidence- Staff training attendance log, Updated Emergency Plan

Completion Date: August 30, 2016

Regulation 2600.127 (a)

The fireplace was immediately unplugged by the Maintenance Director. On August 15, 2016 the Health and Wellness Director reviewed with the resident and family that the working fireplace presented a fire hazard. The Maintenance Director removed the power source from the fireplace thus disabling the heater function since the resident requested it stay in [redacted] apartment. The resident confirmed it would only be used as a stand for [redacted] television. On August 25, 2016 appropriate staff were re-trained on the community policy regarding resident use of portable heat sources. On August 25, 2016 a letter was sent out to all families explaining the hazards of using portable heat sources. The Maintenance Director or designee will round monthly in all resident rooms to assure there are no portable space heaters for 3 months. The Executive Director will review audit results to verify if any further action is warranted.

Evidence: Re-training attendance sheets, family letter

Completion Date: August 25, 2016

Regulation 2600.132 (g)

An overnight fire drill was held on August 25, 2016 at a time other than change of shift when additional staff were not available. The Maintenance Director was re-trained on the community policy for fire drills on August 23, 2016 by the District Director of Operations. Procedures and scheduling of fire drills have been adjusted to ensure these drills are completed during mid-shift times. The Executive Director will monitor the fire drill reports monthly to ensure that drills are being completed on varying days and times, not at the times with higher than normal staffing or at times of low resident attendance to verify if any further action is warranted.

Evidence: Training Attendance sheet, August 25, 2016 Fire Drill Record

Completion Date: August 30, 2016.

Regulation 2600.187 (a)

Immediately the Health and Wellness Director and Resident Care Coordinator called the respective physicians to clarify the diagnosis or purpose for use of each of these medications. The Medication Administration Records were updated to include this information. Appropriate staff were re-trained by the Health and Wellness Director on August 25, 2016 regarding the community policy for order transcription. An audit was performed on August 25, 2016 by the Health and Wellness Director / Health and Wellness Coordinator to assure that all orders listed a purpose for administration. The Health and Wellness Coordinator or designee will review

medication administration audits monthly. The Health and Wellness Director will review the results of the audits to verify compliance and to determine if any further action is warranted.

Evidence: Attendance in-service sheet, audit tool

Completion Date: August 25, 2016

Regulation 2600.187 (c)

On August 15, 2016 all refused medication notifications for resident #5, #6, and #7 were sent out to the physician of record using the Brookdale Form. The appropriate staff were re-trained on the community policy regarding medication administration and refusals also including use of the Medication refusal Form. The Health and Wellness Coordinator will audit medication administration records for 3 months to verify the policy is being followed. The Health and Wellness Director will review these audits to verify if further action is warranted.

Evidence: Attendance in-service sheet, Medication Refusal Form

Completion Date: August 25, 2016

Regulation 2600.236

The Clare Bridge Program Director was re-trained on the community policy relating to Dementia Care annual education requirements on August 22, 2016 by the Health and Wellness Director. The annual training plan for 2016 will be reviewed for current training status by the Business Office Manager, and Executive Director and Health and Wellness Director to assure training is on track for the current year using the attached plan for 2016. The Business Office Manager or designee will review training records monthly including the web based trainings. The Executive Director will review results monthly to verify if further action is warranted.

Evidence: Attendance In-service sheet, Annual Training Plan for 2016

Completion Date: August 25, 2016

Regulation 2600.252

Records for residents #1, #2, and #3 were immediately updated to include eye color, hair color and identifying marks. The appropriate staff were re-trained in the proper Face Sheet documentation process on August 25, 2016 by the Health and Wellness Director. The Health and Wellness Director or designee will review all resident face sheets on move-in to assure compliance with community policy. The Health and Wellness coordinator will audit all current face sheets for proper documentation. The Executive Director will review audit results to determine if any further action is warranted.

Evidence: Attendance in-service sheet, Annual Training Plan for 2016

Completion Date: August 25, 2016