pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 2, 2017

Ms. Kristin A. Ferge
Executive VP and Treasurer
Brookdale Senior Living Communities, Inc.
6737 W. Washington Street, Suite 230
Milwaukee, Wisconsin 53214

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

Dear Ms. Ferge:

As a result of the Department of Human Services' licensing inspection on March 10, 2017, 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,

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: BROOKDALE MURRYSVILLE	License Number: 42868
Address: 5300 OLD WILLIAM PENN HIGHWAY, EXPORT, PA 15632	County: Westmoreland
Administrator: SHERRI GILLESPIE	Region: WEST

Legal Entity Name: BROOKDALE SENIOR LIVING COMMUNITIES INC

Legal Entity Address: 5300 OLD WILLIAM PENN HIGHWAY, EXPORT, PA 15632

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Certificate(s) of Occupancy
C-2 LP
12/09/1997
Labor & Industry

Staffing Hours
Resident Support: 0 | Total Daily Staff: 74 | Waking Staff: 56

Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)
Incident

On-Site Inspections Dates and Department Representatives On-Site
03/10/2017: Flinner-Alman, Lisa

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: 37

Secured Dementia Care Unit in Home: Yes

Area: Entire Facility

Secured Dementia Unit Capacity, If Applicable: 42

Number of Residents Served in Secured Dementia Care Unit, if applicable: 37

Number of Current Hospice Residents: 12

Number of Hospice Residents in past year: 30

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 37

Have Mental Illness: 0

Have an Intellectual Disability: 0

Have a Mobility Need: 37

Have a Physical Disability: 0

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Violation Report: 42868 - 03/10/2017 - Flinner-Alman, Lisa
PCH Name: BROOKDALE MURRYSVILLE

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 2/25/17, between approximately 2:15-2:30 p.m., direct care staff person A observed resident #1, who has a diagnosis of dementia, pacing, banging and kicking residents' doors and singing loudly. This agitated behavior is not uncommon for the resident. Staff person A notified staff person B, who was in the break room, of resident #1's behavior. When staff person B opened the door of the break room, he/she was face to face with resident #1 and began screaming at the resident stating, 'I'm sick of you! I can't wait until you're out of here! I'm not scared of you! I will hit you!" Staff person B's hand was in a clenched fist the entire time. Staff person B slammed the break room door in resident #1's face three times and, after the third time, resident #1 left the area. The intense yelling between staff person B and resident #1 was overheard by several staff members as well as residents' family members.

The home did not report the incident to the local Area Agency on Aging until 2/27/17.

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,

See page 2A of 6

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, RN, Executive Director — Date: 4-21-17

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

The above plan of correction is approved as of 5/25/17 (Date)

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

Plan of correction implementation status as of 5/25/17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress ms
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Regulation 2600.15 (a)

The completed Act 13 form was immediately submitted to the Area Office on Aging by the Executive Director on notification of the incident 2/27/17. On March 9, 2017 appropriate staff members were re-trained by the Executive Director on the OAPSA Act and their responsibility to immediately report suspected abuse. Additional topics covered in this training included; "Resident Rights", and "How to Manage Difficult Behaviors." Phone numbers of the Department of Human Services and Area Office on Aging were posted in the community and copies of the forms were supplied to the management team. The community will continue to provide education on the community's policy regarding Abuse and Neglect at employee orientation. Training will also be conducted in individual circumstances as warranted. The Executive Director or designee will review any allegations of abuse for submission to the local area agency on aging and department. The Executive Director or designee will review orientation and annual training for completion of required trainings monthly to verify if further action is warranted.

Evidence: Attendance in-service sheet
Completion Date: April 30, 2017

Staff person B was terminated. ms 5/25/17
Immediately- The administrator will review all reported incidents at least weekly to ensure any allegations of abuse are reported in accordance with the older Adults Protective Services Act. ms 5/25/17

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Human Services Licensing

Sherri Gillespie, RN, ED
Sherri Gillespie, RN
Executive Director
4-21-17

ms 5/25/17

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Violation Report: 42868 - 03/10/2017 - Flinner-Alman, Lisa
PCH Name: BROOKDALE MURRYSVILLE

1. REGULATION 55 Pa.Code §2600
2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION
On 2/25/17, between approximately 2:15-2:30 p.m., direct care staff person A observed resident #1, who has a diagnosis of dementia, pacing, banging and kicking resident's doors and singing loudly. This agitated behavior is not uncommon for the resident. Staff person A notified staff person B, who was in the break room, of resident #1's behavior. When staff person B opened the door of the break room, he/she was face to face with resident #1 and began screaming at the resident, stating, "I'm sick of you! I can't wait until you're out of here! I'm not scared of you! I will hit you!" Staff person B's hand was in a clenched fist the entire time. Staff person B slammed the break room door in resident #1's face three times, and after the third time, resident #1 left the area. The intense yelling between staff person B and resident #1 was overheard by several staff members, as well as, residents' family members. Staff persons C and D were also aware of the incident. However, staff person B continued working unsupervised until 6:49 p.m. on 2/25/17 and worked unsupervised on 2/26/17 from 8:02 a.m. - 6:43 p.m.

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.

See page 3A of 6

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, RN Executive Director — Date 4-21-17

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

The above plan of correction is approved as of 5/25/17 (Date)

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

Plan of correction implementation status as of 5/27/17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress MS
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Regulation 2600.15 (b)

Upon Executive Director notification of the incident on 02/27/17, staff person B was suspended pending investigation and the incident was reported to the Area Office on Aging and Department of Human Services (DHS). Following investigation staff person B was subsequently terminated. On March 9, 2017, the Executive Director retrained all staff on the community policy on treating residents with respect and dignity, reporting suspected abuse or neglect and "Managing Difficult Behaviors". The community will continue to provide education on this topic at employee orientation and on an annual basis. Training will be conducted in individual circumstances as warranted. The Executive Director or designee will continue to raise awareness regarding resident dignity within the community, and they will monitor that staff are treating residents with respect at all times. The Executive Director or designee will review orientation and annual training for completion of required trainings monthly to verify if further action is warranted.

Evidence: Training attendance form

Completion Date: April 20, 2017

Immediately - If any future allegations of abuse occur, the home will immediately take the following steps:

- Place the accused staff person on a plan of supervision which includes not having access to any residents without the presence of another qualified direct care staff person or suspend the staff person or persons involved
- Report the alleged abuse to the Department
- Report the alleged abuse to the local Area Agency on Aging
- Report the alleged abuse to the residents designated person, if any

MS 5/25/17

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Sherri Gillespie, RN, ED
Sherri Gillespie, RN
Executive Director
4-21-17

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Violation Report: 42868 - 03/10/2017 - Flinner-Alman, Lisa
PCH Name: BROOKDALE MURRYSVILLE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

On 2/25/17, between approximately 2:15-2:30 p.m., direct care staff person A observed resident #1, who has a diagnosis of dementia, pacing, banging and kicking resident's doors and singing loudly. This agitated behavior is not uncommon for the resident. Staff person A notified staff person B, who was in the break room, of resident #1's behavior. When staff person B opened the door of the break room, he/she was face to face with resident #1 and began screaming at the resident stating, 'I'm sick of you! I can't wait until you're out of here! I'm not scared of you! I will hit you!" Staff person B's hand was in a clenched fist the entire time. Staff person B slammed the break room door in resident #1's face three times and, after the third time, resident #1 left the area. The intense yelling between staff person B and resident #1 was overheard by several staff members as well as residents' family members.

The home did not notify resident #1's designated person until 2/27/17.

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. This training was covered under the Act 13/Abuse training.

See page 4A of 6

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, RN Executive Director — Date 4-21-17

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

The above plan of correction is approved as of 5/25/17 (Date)

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

Plan of correction implementation status as of 5/25/17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress MS
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Regulation 2600.15 (d)

Upon Executive Director notification of the incident on 02/27/17, resident's designated person was immediately notified. .On March 9, 2017, the Executive Director retrained appropriate staff regarding the community policy on treating residents with respect and dignity as well as the community policy on notification of resident's designated person . The community will continue to provide education on this topic at employee orientation and on an annual basis. Training will be conducted in individual circumstances as warranted. The Executive Director and Wellness Director will continue to raise awareness regarding resident dignity within the community, and they will monitor that staff are treating residents with respect at all times. The Executive Director or designee will review orientation and annual training for completion of required trainings monthly to verify if further action is warranted.

<u>Evidence</u>: Training attendance form

Completion Date: April 20, 2017

staff person B was Terminated MS 5/25/17

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Human Services Licensing

Sherri Gillespie, RN, ED
Sherri Gillespie, RN
Executive Director
4-21-17

MS 5/25/17

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Human Services Licensing

Violation Report: 42868 - 03/10/2017 - Flinner-Alman, Lisa
PCH Name: BROOKDALE MURRYSVILLE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 2/25/17, between approximately 2:15-2:30 p.m., direct care staff person A observed resident #1, who has a diagnosis of dementia, pacing, banging and kicking residents' doors and singing loudly. This agitated behavior is not uncommon for the resident. Staff person A notified staff person B, who was in the break room, of resident #1's behavior. When staff person B opened the door of the break room, he/she was face to face with resident #1 and began screaming at the resident stating, "I'm sick of you! I can't wait until you're out of here! I'm not scared of you! I will hit you!" Staff person B's hand was in a clenched fist the entire time. Staff person B slammed the break room door in resident #1's face three times and, after the third time, resident #1left the area. The intense yelling between staff person B and resident #1 was overheard by several staff members as well as residents' family members.

The home did not report the incident to the Department until 2/28/17.

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, This training was covered under the act 13 / Abuse training.

see page 5A of 6

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, RN Executive Director — Date 4-21-17

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

The above plan of correction is approved as of 5/25/17 (Date)

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

Plan of correction implementation status as of 5/25/17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress MS
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Regulation 2600.16 (c)

Upon Executive Director notification of the incident on 02/27/17, the incident was immediately reported to the Department of Human Services. On March 9, 2017 appropriate staff members were re-trained by the Executive Director on the community policy of reporting incidents to the department's personal care home regional office or designated hotline within 24 hours of allegations of suspected abuse. The community will continue to provide education on the community's policy regarding Abuse and Neglect at employee orientation. Training will also be conducted in individual circumstances as warranted. The Executive Director or designee will review any allegations of abuse for submission to the department. The Executive Director or designee will review orientation and annual training for completion of required trainings monthly to verify if further action is warranted.

Evidence: Attendance in-service sheet

Completion Date: April 20, 2017

staff person B was terminated ms 5/25/17
Immediately- All staff persons will be instructed to directly report suspected abuse and reportable incidents to the Department in the absence of the administrator in accordance with the Department of Human Services Licensing regulations. ms 5/25/17

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Human Services Licensing

Sherri Gillespie, RN, ED
Executive Director
Sherri Gillespie
4-21-17

ms 5/25/17

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Violation Report: 42868 - 03/10/2017 - Flinner-Alman, Lisa
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

On 2/25/17, between approximately 2:15-2:30 p.m., direct care staff person A observed resident #1, who has a diagnosis of dementia, pacing, banging and kicking residents' doors and singing loudly. This agitated behavior is not uncommon for the resident. Staff person A notified staff person B, who was in the break room, of resident #1's behavior. When staff person B opened the door of the break room, he/she was face to face with resident #1 and began screaming at the resident stating, "I'm sick of you! I can't wait until you're out of here! I'm not scared of you! I will hit you!" Staff person B's hand was in a clenched fist the entire time. Staff person B slammed the break room door in resident #1's face three times and, after the third time, resident #1 left the area. The intense yelling between staff person B and resident #1 was overheard by several staff members as well as residents' family members.

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.

see page 6A of 6

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/02/2016		

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, RN, Executive Director

Date 4-21-17

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

The above plan of correction is approved as of 5/25/17 (Date)

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

Plan of correction implementation status as of 5/25/17 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress MS
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Regulation 2600.42 (b)

On March 9, 2017, the Executive Director retrained appropriate staff on the community policy of treating residents with respect and dignity, reporting of suspected abuse and "Managing Difficult Behaviors." The community will continue to provide education on this topic at employee orientation and on an annual basis. Training will be conducted in individual circumstances as warranted. The Executive Director or designee will continue to raise awareness regarding resident respect and dignity within the community, and they will monitor at least weekly MS 5/25/17 *that staff are treating residents with respect at all times. The Executive Director or designee will review orientation and annual training for completion of required trainings monthly to verify if further action is warranted.*

Evidence: Training Attendance Sheets

Completed: April 20, 2017

staff person B was Terminated. MS 5/25/17

within 60 days of receipt of the plan of correction - All staff providing care to residents shall receive Training from a Department-approved outside source regarding managing difficult behaviors.
Documentation of Training shall be kept. MS 5/25/17

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WEST REGION FIELD OFFICE
Human Services Licensing

Sherri Gillespie, RN, ED
Sherri Gillespie, RN, ED
4-21-17

MS 5/25/17