



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: May 4, 2017

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
Certificate #: 316120

Dear Ms. Munoz:

As a result of the Department of Human Services' licensing inspection on April 21, 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,

A handwritten signature in black ink, appearing to read "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

| | | |
|--|---|------------------------------|
| PCH Name: BROOKDALE GRANDON FARMS | | License Number: 31612 |
| Address: 1100 GRANDON WAY, MECHANICSBURG, PA 17055 | | County: Cumberland |
| Administrator: Matthew Cox | | Region: CENTRAL |
| Legal Entity Name: EMERITUS CORPORATION | | |
| Legal Entity Address: 8737 W. WASHINGTON ST STE 2300, MILWAUKEE, WI 53214 | | |
| Certificate(s) of Occupancy C-2 LP 03/15/2010 Labor and Industry Matthew | | |
| Staffing Hours Resident Support: 0 Total Daily Staff: 122 Waking Staff: 92 | | |
| Type of Inspection: Partial BHA Docket Number: Notice: Unannounced | | |
| Reason(s) for Inspection(s) Incident | | |
| On-Site Inspections Dates and Department Representatives On-Site 04/21/2017: Heemer, Laura | | |
| 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: 120 Number of Residents Served: 93 Secured Dementia Care Unit In Home: Yes Area: Memory Care Secured Dementia Unit Capacity, if Applicable: 30 Number of Residents Served in Secured Dementia Care Unit, if applicable: 27 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 20 | Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 92 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 29 Have a Physical Disability: 1 | |

Violation Report: 31612 - 04/21/2017 - Heemer, Laura
 PCH Name: BROOKDALE GRANDON FARMS

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 3/17/2017 an allegation of abuse against Resident 1 was reported to staff. The home did not report the allegation to the local area agency on aging.

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) Brian Hotsass, Executive Director

Date 5/4/17

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

The above plan of correction is approved as of 5/4/17
 (Date)

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

Plan of correction implementation status as of 5/4/17
 (Date)

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

Brookdale at Grandon Farm

Plan of Correction

The following is the Plan of Correction for Brookdale at Grandon Farms in regard to the Statement of Deficiency dated April 24, 2017 for an incident partial inspection on April 21, 2017. The Plan of Correction report is not to be construed as an admission of or agreement with, the findings and conclusions in the 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 improvements to satisfy that objective.

Regulation 2600.15 (a)

The completed Act 13 form was immediately submitted to the Area Office on Aging by the Health and Wellness Director on notification of the incident March 18, 2017. On May 1, 2017 appropriate staff members were re-trained by the Health and Wellness Director on the OAPSA Act and their responsibility to immediately report suspected abuse. Additional topics covered in this training included; "Resident Rights". 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 timely 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: May 30, 2017

Violation Report: 31612 - 04/21/2017 - Heemer, Laura
 PCH Name: BROOKDALE GRANDON FARMS

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint; defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

On 3/17/2017 a half tablet of Benedryl 25 mg was administered to Resident 1 for the specific purpose of controlling the behavior of Resident 1.

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)

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

[Signature]
 Brian Hobass, Executive Director Date 5/4/17

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Regulation 2600.202

On April 25th, 2017, the Health and Wellness Coordinator retrained appropriate staff on the community policy regarding Medication Administration and following prescriber directions for administration. A chart audit will be performed for medication administration according to prescriber direction for PRN medications monthly for 3 months by the Health and Wellness Coordinator. The Health and Wellness Director or designee will monitor the audits to verify if further action is warranted.

Evidence: Training attendance form

Completion Date: May 30, 2017

* The audit will also review the diagnosis listed for each medication to assure that the medication is prescribed for a specific diagnosis and not a behavior. Instances of improper documentation will be addressed with the prescribed for remedy.

BAS
5/4/17