



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 04 2017

Ms. Anna Muñoz,  
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. Muñoz:

As a result of the Department of Human Services' annual licensing inspections on July 26, 2017 and July 27, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe', written over a faint, larger version of the signature.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 31812 - 0728/2017 - Gilespie, Dendae  
 PCH Name: BROOKDALE GRANDON FARMS

1. REGULATION 58 Pa. Code §2680  
 2600.81 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (38 P.S. §§ 10226.101-10226.5102) and 6 Pa.Code Chapter 16 (relating to protective services for older adults).

2. DESCRIPTION OF VIOLATION  
 Staff Person A, hired 12/13/16, was not a resident of Pennsylvania for 2 years prior to beginning employment. The home did not obtain an FBI criminal background check for this staff person.

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 Plan of Correction & Supporting documentation. See attached Page 2 A of 10. ~~2~~

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) <i>Brian Hubass, Executive Director</i>	Date <i>8/14/17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>8-17-17</u> (Date)	Plan of correction implementation status as of <u>8-17-17</u> (Date)
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The above plan of correction was approved by <u>BE</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

**Brookdale Grandon Farms**

**Plan of Correction**

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The following is the Plan of Correction for Brookdale Grandon Farms regarding the Statement of Deficiency dated August 4, 2017 for the renewal survey on July 25, 2017 and July 26, 2017. This Plan of Correction 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 improvement to satisfy that objective.

**Regulation 2600.51**

*The Executive Director conducted an in service training with the Business Office Manager on 8/09/17 regarding obtaining the required FBI criminal background check for all associates who have not resided in Pennsylvania for 2 years prior to being employed. Staff person A is no longer employed at Grandon Farms. A pre-hire checklist has been implemented effective August 9, 2017 by the Business Office Manager. Executive Director will review all new hire paperwork for completion according to community policy for 2 months to verify if any further action is warranted.*

Evidence: training attendance sheet

**Completion Date:** August 9, 2017

**Regulation 2600.54**

*Executive Director conducted an in service training with the Business Office Manager on 8/09/17 regarding obtaining the required high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry for all new associates. An audit was conducted by the Business Office Manager of all direct care staff files to verify they meet the community policy regarding direct care staff qualifications. A pre-hire check list has been implemented effective August 9, 2017. Executive Director will review the results of this audit and review all new hire paperwork for 2 months to verify if any further action is warranted.*

Evidence: training attendance sheet, copy of pre-hire checklist

**Completion Date:** August 9, 2017

Violation Report: 31612 - 07/26/2017 - Gillespie, Denise  
 PGH Name: BROOKDALE GRANDON FARMS

**1. REGULATION 55 Pa. Code §2600**

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**

Direct Care Staff Person A, hired 12/13/16, did not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

Direct Care Staff Person B, hired 8/8/16, did not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

**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 Plan of Correction and supporting documentation.

See Page 2 A of 10. -BE

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>Brian Hofbass Executive Director</b>	Date <b>8/14/17</b>
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The above plan of correction is approved as of 8-17-17  
(Date)

Plan of correction implementation status as of 8-17-17  
(Date)

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

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

Violation Report 31612 - 07/28/2017 - Gillespie, Denise  
 PCH Name: BROOKDALE GRANDON FARMS

**1. REGULATION 59 Pa. Code §2609**  
 2609.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
 (1) Resident rights.  
 (2) Emergency medical plan.  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).  
 (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**  
 Direct Care Staff Person A and Direct Care Staff Person B did not receive the required training within the first 40 working hours on the following topics:  
 1. Residents Rights  
 2. Emergency medical plan  
 3. Reportable incidents and 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.

*Please see attached Plan of Correction and supporting documentation. See page 4A of 10. -SE*

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)		Date
Bryan H. Bass, Executive Director		8/14/17

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**Regulation 2600.65(b)**

*Staff member A is no longer employed with Brookdale Grandon Farms. Staff member B has completed her required trainings on Resident Rights, Emergency Medical Plan, and Reportable Incidents on 8/08/17 with the Health and Wellness Director. The Health and Wellness Director in conjunction with the Business Office Manager will review the new hire training documents to verify that all new direct care associates receive these training topics within their first 40 hours of work. The Health and Wellness Director will review findings and verify if further action is warranted in the first 40 scheduled working hours of employment.*

**Evidence:** training attendance sheet

**Completion Date:** August 9, 2017

**Regulation 2600.65 (d)**

*Staff member A is no longer employed with Brookdale Grandon Farms. Staff member B completed the Department –approved direct care training course and competency test on 7/27/17. The Business Office Manager will include in the employee file a checklist of required documents on all new hires to verify required documents are completed along with the time frames for completion. The Health and Wellness Director in conjunction with the Business Office Manager will review all files on newly hired direct care associates to verify they complete the direct care training course and competency test prior to providing direct care to the residents.*

**Evidence-** attached completion certificate, new hire checklist of required documents

**Completion Date:** July 26, 2017

**Regulation 2600.65 (f)**

*Health and Wellness Director conducted an in-service training with staff person C on 8/10/17 related to Medication self-administration, meeting resident needs as described in the preadmission screening, assessment tool, medical evaluation, and support plan, personal care*

Violation Report: 31612 - 07/28/2017 - Gillespie, Denise  
 FCH Name: BROOKDALE GRANDON FARMS

- 1. REGULATION 58 Pa.Code §2804**  
 2800.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
- (1) Training that includes a demonstration of job duties, followed by supervised practice.
  - (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
  - (3) Initial direct care staff person training to include the following:
    - (i) Safe management techniques,
    - (ii) ADLs and IADLs.
    - (iii) Personal hygiene,
    - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
    - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older,
    - (vi) Implementation of the initial assessment, annual assessment and support plan.
    - (vii) Nutrition, food handling and sanitation.
    - (viii) Recreation, socialization, community resources, social services and activities in the community.
    - (ix) Gerontology.
    - (x) Staff person supervision, if applicable.
    - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
    - (xii) Safety management and hazard prevention.
    - (xiii) Universal precautions.
    - (xiv) The requirements of this chapter.
    - (xv) Infection control.
    - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct Care Staff Person A, hired on 12/13/16 has not successfully completed and passed the Department-approved direct care training course and competency test. The staff person provided unsupervised ADL services prior to taking and passing this course.

Direct Care Staff Person B, hired on 8/8/16, provided unsupervised ADLs services on 7/27/17. The staff person did not successfully complete and pass the Department-approved direct care training course and competency test.

**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 Plan of Correction and supporting documentation. See Page 4A of 10. -BE*

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)		Date
Brian H. Bass Executive Director		8/14/17

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Violation Report: 31612 - 07/26/2017 - Gillespie, Danlee  
 PCH Name: BROOKDALE GRANDON FARMS

**1. REGULATION 55 Pa. Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct Care Staff Person Q did not receive training in the following topics during training year 2016:

- 1. Medication self-administration
- 2. Meeting resident needs as described in the preadmission screening, assessment tool, medical evaluation, and support plan.
- 3. Personal care service needs of the resident.

Direct Care Staff Person Q did not receive training in the following topics during training year 2016:

- 1. Safe management techniques
- 2. Infection control

**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 Plan of Correction and  
 Supporting documentation  
 See Pages 4A & 6A of 10. -EE*

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) <i>Ryan Hobas, Executive Director</i>	Date <i>8/14/17</i>
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The above plan of correction was approved by <u>EE</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
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*service needs of the resident. The Business Office Manager in conjunction with the Health and Wellness Director will review compliance with these trainings for all direct care associates.*

*The Health and Wellness Director conducted an in-service training with staff person **D** on 8/09/17 related to Safe Management Techniques and Infection Control. The Business Office Manager will review training compliance monthly for all necessary associates and work with the Health and Wellness Director to verify trainings are completed according to community policy. The Executive Director will decide if further action is warranted based on the findings.*

*DE*

**Evidence-** training attendance logs, schedule of trainings by month

**Completion Date-8/10/17**

**Regulation 2600.65 (g)**

*The Health and Wellness Director completed in service trainings with ancillary staff member E regarding fire safety, emergency preparedness, resident rights, OAPSA, falls and accident prevention on 8/9/17. The Business Office Manager will review training compliance monthly for all necessary ancillary associates and work with the Maintenance Director to verify ancillary staff trainings are completed according to community policy. The Executive Director will review and determine if further actions are warranted based on the findings.*

**Evidence-** training attendance logs, schedule of trainings by month

**Completion Date-8/10/17**

**Regulation 2600.82 (c)**

*The three bottles of Ecolab hand sanitizer were immediately secured in a locked cabinet on July 27, 2017. The Secured Dementia Manager conducted in-service training with all secured dementia staff and housekeeping on 8/10/17 regarding the policy on Poisonous Materials Control. The Maintenance Director or designee will audit weekly for compliance with this regulation moving forward and ensure that all poisonous materials are locked appropriately when not in use. The Executive Director will review results of the audits for 2 months to determine if further action is warranted.*

**Evidence-** training attendance log

**Completion Date: August 10, 2017**

Violation Report: 31612 - 07/26/2017 - Gillespie, Denise  
 PCH Name: BROOKDALE GRANDON FARMS

**1. REGULATION 59 Pa.Code 52600**  
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:  
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.  
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.  
 (3) Resident rights.  
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10226.101-10226.6102).  
 (5) Falls and accident prevention.  
 (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**  
 Ancillary Staff Person E did not receive training in the following during training year 2016:  
 1. Fire safety  
 2. Emergency preparedness  
 3. Resident rights  
 4. CAPSA  
 5. Falls and accident prevention

**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 Plan of Correction & Supporting documentation.  
 See Page 6A of 10. -BE*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Brian Hobbes, Executive Director* Date *8/14/17*

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 (Date)

Plan of correction implementation status as of 8-17-17  
 (Date)

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

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

Violation Report: 31612 - 07/26/2017 - Gillespie, Denise  
 PGH Name: BROOKDALE GRANDON FARMS

**1. REGULATION 55 Pa.Code §2600**  
 2600.82(a) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.


**2a. DESCRIPTION OF VIOLATION**  
 Three full bottles of Eco-lab anti-bacterial foam handcap, with a manufacturer's label indicating, "If swallowed contact poison control center or get medical help right away," was unlocked and accessible to residents in the secured dementia care unit's common area. All of the residents in this unit have not been assessed capable of recognizing and using poisons safely.

**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 Plan of Correction & supporting documentation.

See page 6A of 10. -SE

Repeat Violation No:	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Brian Holsess, Executive Director	8/14/17

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The above plan of correction was approved by <u>SE</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 - 07/26/2017 - Gillespie, Denise  
 PCH Name: BROOKDALE GRANDON FARMS

**1. REGULATION 58 Pa. Code 52600**  
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**2a. DESCRIPTION OF VIOLATION**  
 The trash receptacle in the bathroom inside the spa room was not covered. The trash receptacles in the shared bathrooms of resident rooms #308, #309, #326 and #528 were not covered.

**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 Plan of Correction &  
 Supporting documentation  
 See Page 9A of 10. -RE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Brian Hoffess, Executive Director			8/14/17

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JL

**Regulation 2600.85 (d)**

*The Maintenance Technician and Executive Director replaced all trash can lids on 8/11/17. The Maintenance Director or designee will audit all trash cans that are require to have lids to verify they have the necessary lids and replace if indicated. In service training was conducted by Executive Director on 8/10/17 with Maintenance Technician regarding conducting daily walking rounds and weekly random audits to ensure that all trash can lids have the proper lid on them. The Executive Director will review audit results to verify if any further action is warranted.*

**Evidence-** training attendance log

**Completion Date:** August 10, 2017

**Regulation 2600.183 (f)**

*Immediately on 7/26/17, the Resident Care Coordinator discarded these medications. The Health and Wellness Director re-trained the medication Technicians and LPNs on the community policy regarding Medication Administration: Expired Medications on August 11, 2017. The Health and Wellness Director has implemented a weekly medication cart audit form for which he, or designee, will be responsible for completing for each medication cart. This audit form has been implemented since 8/11/17. The Executive Director will review audit results for 2 months to verify if further action is warranted.*

**Evidence:** medication cart audit form, training log

**Completion Date:** August 11, 2017

Violation Report: 31612 - 07/26/2017 - Gillespie, Denise  
 PCH Name: BROOKDALE GRANDON FARMS

**1. REGULATION 55 Pa.Code §2600**  
 2600.163(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**2a. DESCRIPTION OF VIOLATION**  
 On 7/27/17, Spectra Vita for Resident #2, had expired in May 2017 and was still being stored in the 200 Medication Cart.  
 On 7/27/17, Bayer Tylenol for Resident #3, had expired in March 2016 and was stored in the medication cart in the memory care unit.

**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.*

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 Supporting documentation  
 See Page 9A of 10. - BE

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 (Required on EVERY Page)

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

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