



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**APR 27 2018**

Ms. Anna Munoz  
Assistant Secretary  
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. Munoz:

As a result of the Department of Human Services' annual licensing inspection on October 23, 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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



## Brookdale at Murrysville

### Plan of Correction

The following is the Plan of Correction for Brookdale at Murrysville in regard to the Statement of Deficiency dated November 17, 2017 (received via email January 30, 2018) for renewal inspection on October 23, 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.



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

PCH Name: BROOKDALE MURRYSVILLE		License Number: 42808
Address: 8300 OLD WILLIAM PENN HIGHWAY, EXPORT, PA 15632		County: Westmoreland
Administrator: Shari Gillespie		Region: WEST
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		RECEIVED FEB 07 2018 WEST PENNSYLVANIA OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 88	Working Staff: 61
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/23/2017: Hoover, Josh; Bedford, Katie		
<b>Off-Site Inspections Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 42 Number of Residents Served: 34 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: 34 Number of Current Hospital Residents: 10 Number of Hospital Residents in past year: 24	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 34 Have a Physical Disability: 0	

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Violation Report 4286B-10/23/2017 - Hoover, Josh  
PCH Name: BROOKDALE MURRYSVILLE

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1. REGULATION 38 Pa.Code §2600  
2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(o) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION  
On 10/8/2017 and 10/11/2017, the home served 31 residents, all of whom have mobility needs. Accordingly, the home was required to provide a minimum of 46.5 hours of direct care services during waking hours; however, only 45 hours of direct care services were provided during waking hours.

On 10/15/2017, the home served 32 residents, all of whom have mobility needs. Accordingly, the home was required to provide a minimum of 48 hours of direct care services during waking hours; however, only 45 hours of direct care services were provided during waking hours.

On 10/21/2017 the home served 34 residents, all of which have mobility needs. Accordingly, the home was required to provide a minimum of 51 hours of direct care services during waking hours; however, only 45 hours of direct care services were provided during waking hours.

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 of 6

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Sherris Gillespie, ED*      Date *2-7-18*

DEPARTMENT USE ONLY - HOME'S MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 2/13/18  
(Date)

The above plan of correction was approved by *Sh*  
(Initials)

Plan of correction implementation status as of 2/13/18  
(Date)

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

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WEST VIRGINIA HEALTH SERVICES  
1000 3RD AVENUE S.W.  
MARTINSBURG, WV 26101

**Regulation 2600.57 (d)**

*Immediately, the Executive Director implemented additional direct care staffing hours during waking hours by using the leadership team and care staff to fill-in. The Health and Wellness Director and Resident Care Coordinator were retrained on February 1, 2018 by the Executive Director on the community policy regarding providing the appropriate number of personal care service hours during waking hours. The Executive Director will monitor the schedule weekly for 2 months to verify if any further action is warranted.*

**Evidence:** Attendance in-service sheet, copy of staffing schedule  
**Completion Date:** February 2, 2018

*D 2/13/18*

*Sherril Gillespie, ED*  
Sherril Gillespie,  
Executive Director

*2-7-18*

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Violation Report: 42868 - 10/23/2017 - Hoover, Josh  
PCH Name: BROOKDALE MURRYSVILLE

1. REGULATION 65 Pa.Code 52800

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill logs do not include the exit route used or the number of residents in the home at the time of the fire drills in the past 12 months.

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 of 6*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Sherrin Gillespie, ED*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*Sherrin Gillespie, ED*

Date *2-7-18*

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*2/13/18*  
(Date)

Plan of correction implementation status as of

*2/13/18*  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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WEST VIRGINIA UNIVERSITY  
Human Resources

**Regulation 2600.132 (c)**

*Upon review of documentation completed by the Maintenance Director it was determined that the Brookdale Senior Living form was being utilized as supplemental documentation by the Maintenance Director. On 10-24-2017 the Executive Director gave an in-service to the Maintenance Director on proper completion and documentation of the required fire drill record. The completed forms will be submitted to Executive Director for review for three months. Fire Drills and evacuation concerns/issues will be reviewed at the safety meetings and by the Executive Director to verify if any further action is warranted.*

**Evidence**-Staff training attendance log, copy of most recent fire drill log

**Completion Date: February 2, 2018**

*J 2/13/18*

*Sherris Gillespie, ED  
Sherris Gillespie, Executive Director  
2-7-18*

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Violation Report: 42888 - 10/23/2017 - Hoover, Josh  
PCH Name: BROOKDALE MURRYSVILLE

1. REGULATION 55 Pa. Code §2000  
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
(1) The resident's name.  
(2) The name of the medication.  
(3) The date the prescription was issued.  
(4) The prescribed dosage and instructions for administration.  
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION  
Resident #1 is ordered Memantine 5mg, 2 tablets daily; however, the medication label indicates Memantine 5mg, 1 tablet 2 times a day.

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 of 6*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Sherris Gillispie, ED*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Sherris Gillispie, ED*      Date *2-7-18*

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(Date)

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(Initials)

Plan of correction implementation status as of 2/13/18  
(Date)

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

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Page 4A of C

**Regulation 2600.184 (a)**

*Immediately, the staff verified the prescribed dosage and applied a medication change in direction sticker to the label of the bottle at the time of the survey. The prescribed dosage of the medication was also verified with the community pharmacy. The Executive Director completed an in-service with the Health and Wellness Director and Resident Care Coordinator on the Community's policy regarding medication administration on February 1, 2018... Audits of the Medication cart will continue to be completed monthly and submitted to the Health and Wellness Director or designee... The Executive Director will review the audit results for 2 months to verify if any further action is warranted.*

**Evidence**-Staff training attendance log

**Completion Date: February 2, 2018**

JK 2/13/18

Sherril Gillespie, ED  
Sherril Gillespie,  
Executive Director  
2-7-18

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Violation Report 42868 - 10/23/2017 - Hoover, Josh  
PCH Name: BROOKDALE MURRYSVILLE

1. REGULATION 58 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

Resident #2 is ordered Atropine Oral Solution 1%, place 2 drops under the tongue every hour as needed; however, the October 2017 medication administration record (MAR) indicates that the medication is to be instilled in the eyes.

Resident #3 is ordered Clonazepam .5mg, give 1/2 tab orally daily; however, the MAR indicates 'Clonazepam .25mg, give 1 tab orally daily.'

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 of 6*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sherri Gillespie, ED</i>	Date <i>2-7-18</i>
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(Date)

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(Initials)

Plan of correction implementation status as of 2/13/18  
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Regulation 2600.187 (a)

Immediately, the staff verified the prescribed dosage and applied a medication change in direction sticker to the label of the bottle at the time of the survey for resident #2 and resident #3. The community pharmacy was contacted and the transcription error was corrected. A change in direction sticker was applied to the medication label. The Executive Director completed an in-service with the Health and Wellness Director and Resident Care Coordinator on the Community's policy regarding medication administration on February 1, 2018. Audits of the Medication cart will continue to be completed monthly and submitted to the Health and Wellness Director or designee... The Executive Director will review the audit results for 2 months to verify if any further action is warranted.

Evidence-Staff training attendance log

Completion Date: February 2, 2018

2-2/13/18

Sherrill Gillespie, ED  
Sherrill Gillespie, Executive Director  
2-7-18

REC-1110

Violation Report: 42868 - 10/23/2017 - Hoover, Josh  
PCH Name: BROOKDALE MURRYSVILLE

FEB 07 2018

1. REGULATION (6 Pa.Code §2600  
2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is ordered Escitalopram, 15mg daily; however, due to medication packaging and labeling issues, staff person A indicated that the resident had been receiving 20mg of the medication daily.

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.

*Plans are attached, Page 6A of 6*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Sherrill Gillespie, ED*

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

*Sherrill Gillespie, ED*

Date *2-7-18*

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*2/7/18*  
(Date)

Plan of correction implementation status as of

*2/13/18*  
(Date)

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

The above plan of correction was approved by

*Sh*  
(Initials)

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**Regulation 2600.187 (d)**

*Immediately, the extra medication card was removed from the cart. No adverse effect was observed from the increased dose. After discussion with the prescriber, a new order was obtained for the dose resident #3 had been receiving. The Executive Director completed an in-service with the Health and Wellness Director and Resident Care Coordinator on the Community's policy regarding medication administration on February 1, 2018. Audits of the Medication cart will continue to be completed monthly and submitted to the Health and Wellness Director or designee. The Executive Director will review the audit results for 2 months to verify if any further action is warranted.*

**Evidence:** Staff training attendance log

**Completion Date:** February 2, 2018

P 2/13/18

*Sharon Stuber, ED  
Sherril Gilkispic, Executive Director  
2-7-18*