



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Mailing Date: January 5, 2017**

Ms. Anna Munoz  
Assistant Secretary  
Emeritus Corporation  
6737 West Washington Street, Suite 230  
Milwaukee, Wisconsin 53214

RE: Brookdale Harrisburg  
3560 North Progress Avenue  
Harrisburg, Pennsylvania 17110  
Certificate #: 316110

Dear Ms. Munoz:

As a result of the Department of Human Services' licensing inspections on November 20, 2017 and January 2, 2018 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,

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

<b>PCH Name:</b> BROOKDALE HARRISBURG		<b>License Number:</b> 31611
<b>Address:</b> 3560 NORTH PROGRESS AVENUE, HARRISBURG, PA 17110		<b>County:</b> Dauphin
<b>Administrator:</b> Samantha Sipe		<b>Region:</b> CENTRAL
<b>Legal Entity Name:</b> EMERITUS CORPORATION		
<b>Legal Entity Address:</b> 6737 W WASHINGTON ST SUITE 230, MILWAUKEE, WI 53214		
<b>Certificate(s) of Occupancy</b> C-2 LP 11/20/1997 Labor and Industry		
<b>Staffing Hours</b> Resident Support: 0                                  Total Daily Staff: 55                                  Waking Staff: 41		
Type of Inspection: Partial                                  BHA Docket Number:                                  Notice: Unannounced		
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 11/20/2017: Showers, Michael		
<b>Off-Site Inspection 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>		
<b>Licensed Capacity:</b> 66 <b>Number of Residents Served:</b> 31 <b>Secured Dementia Care Unit in Home:</b> Yes <b>Area:</b> Garden <b>Secured Dementia Unit Capacity, If Applicable:</b> 24 <b>Number of Residents Served in Secured Dementia Care Unit, If applicable:</b> 23 <b>Number of Current Hospice Residents:</b> 3 <b>Number of Hospice Residents in past year:</b> 3	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 24 Have a Physical Disability: 1	

Violation Report: 31611 - 11/20/2017 - Showers, Michael  
 PCH Name: BROOKDALE HARRISBURG

**1. REGULATION 55 Pa.Code §2800**

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 11/10/2017, an incident of physical aggression occurred between Residents 1 and 2. The home did not report this incident of alleged physical abuse between Resident 1 and Resident 2 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.*

See Attached Page 2A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Samantha Sipe*

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

Samantha Sipe, Exec. Director

Date 12/6/2017

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

The above plan of correction is approved as of 12/18/17  
 (Date)

Plan of correction implementation status as of 1/5/18  
 (Date)

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

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

## **Brookdale Harrisburg**

### **Plan of Correction**

The following is the Plan of Correction for Brookdale Harrisburg regarding the Statement of Deficiency dated November 27, 2017 for the Incident Inspection on November 20, 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 submitted to the Area Office on Aging by the Executive Director on December 6, 2017.

On November 20, 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; "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:** December 6, 2017 and ongoing

Violation Report: 31611 - 11/20/2017 - Showers, Michael  
 PCH Name: BROOKDALE HARRISBURG

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

On 11/10/2017, a physical altercation occurred between Resident 1 and Resident 2. The resident assessments for Resident 1 and 2 were not updated sufficiently to reflect the changes in these residents level of aggression and address this incident.

**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 3A

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Samantha Sipe, Exec. Director* Date *12/6/2017*

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

The above plan of correction is approved as of <u>12/18/17</u> (Date)	Plan of correction implementation status as of <u>1/5/18</u> (Date)
The above plan of correction was approved by <u>BSS</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

**Regulation 2600.225(c)**

Immediately, Health and Wellness Coordinator updated assessments and Resident Support Plans for both residents to indicate revised strategies and behavioral interventions.

Ongoing, Health and Wellness Coordinator will review and update assessments following a change in condition immediately. The Executive Director provided a retraining for appropriate staff on the community policy on documentation following a change in resident condition on November 20, 2017. The Executive Director will randomly review resident assessments and support plans on residents noted to have a change in condition and the findings for compliance. Executive Director will determine if further action is required for the next 2 months. The Executive Director will direct additional actions based on findings.

**Evidence – Training Attendance Form**

**Completion Date – December 5, 2017 and ongoing**

- \* The Administrator, and/or the Health and Wellness Coordinator, will complete an audit all resident assessments and support plans (RASPs) for the current residents in the Secured Dementia Care Unit to ensure that an accurate assessment of the current needs and abilities of each resident, and a description of how the needs of each resident will addressed by the home, has been documented. The audit and completion of any new RASPs shall be completed within 30 days from the receipt of this plan.

BAS 12/18/17

Violation Report: 31611 - 11/20/2017 - Showers, Michael  
 PCH Name: BROOKDALE HARRISBURG

**1. REGULATION 55 Pa.Code §2800**  
 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

Resident 1 admitted to the Secured Demntia CareUnit (SDCU) on [redacted] 2017 did not have a medical evaluation completed until [redacted] 2017.

**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 2600.231(b)**

The Executive Director retrained the appropriate staff on the community policy regarding medical evaluation completion prior to move in on November 20, 2017.

Effective immediately, a move-in check list will be utilized to assure all required documentation is in place prior to resident move-in to the SDCU. The Executive Director or designee will review findings on the checklist for 2 months to determine compliance and to verify if any further action is warranted.

**Evidence:** Re-training attendance sheets, move-in check list

**Completion Date:** December 5, 2017

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Samantha Sipe, Exec. Director</i>	Date <i>12/6/2017</i>
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The above plan of correction is approved as of 12/16/17  
 (Date)

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

Plan of correction implementation status as of 1/5/18  
 (Date)

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

Violation Report: 31611 - 11/20/2017 - Showers, Michael  
 PCH Name: BROOKDALE HARRISBURG

1. REGULATION 55 Pa.Code §2600  
 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION  
 Resident 1 was admitted to the home's SDCU on [redacted] 2017. The resident did not have a preadmission screening completed until [redacted] 2017.  
 Resident 2 was admitted to the the home's SDCU on [redacted] 2016. The resident had a preadmission screening completed on [redacted] 2016.

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 2600.231(c)**

The Executive Director retrained the appropriate staff on the community policy regarding preadmission screens being completed within 7 hours of move-in.

Effective immediately, a move-in check list will be utilized to assure all required documentation is in place prior to resident move-in. The Executive Director or designee will review findings on the checklist for 2 months to determine compliance and to verify if any further action is warranted.

**Evidence:** Re-training attendance sheets, move-in check list

**Completion Date**

: December 5, 2017

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Samantha Sipe, Exec. Director</i>	Date <i>12/16/2017</i>
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The above plan of correction was approved by <u><i>BS</i></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