



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to EMERITUS CORPORATION  
LEGAL ENTITY

To operate BROOKDALE HARRISBURG  
NAME OF FACILITY OR AGENCY

Located at 3560 NORTH PROGRESS AVENUE, HARRISBURG, PA 17110  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 65  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)  
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 6, 2018 until February 6, 2019,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **316111**

Robert E. Robinson  
ISSUING OFFICER

Carolyn K. Ellison  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: AUG 06 2018**

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

RE: Brookdale Harrisburg  
3560 North Progress Avenue  
Harrisburg, Pennsylvania 17110  
Certificate #: 316111

Dear Ms. Meyer:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 8, 2018 and July 3, 2018 of the above facility, the violations specified on the enclosed License Inspection Summaries were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 316110 dated June 3, 2018 to June 3, 2019 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued. This **FIRST PROVISIONAL** license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated June 3, 2018 to June 3, 2019 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your **FIRST PROVISIONAL** license is enclosed.

All violations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
85a	II	40	\$5	\$200	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

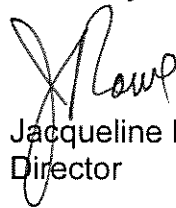
No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager  
Human Services Licensing  
Department of Human Services  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800**

PCH Name: BROOKDALE HARRISBURG		License Number: 31811
Address: 3660 NORTH PROGRESS AVENUE, HARRISBURG, PA 17110		County: Dauphin
Administrator: Samantha Sipe		Region: CENTRAL
Legal Entity Name: EMERITUS CORPORATION		
Legal Entity Address: 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: 69	Waking Staff: 44
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/08/2018: Showers, Michael; Cargile, Kellie		
Off-Site Inspection Dates and Inspectors, if Applicable 05/08/2018: Showers, Michael		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 65 Number of Residents Served: 40 Secured Dementia Care Unit in Home: Yes Area: Clairbridge Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 9 Number of Hospice Residents in past year: 20		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 0

Violation Report: 31811 - 05/08/2018 - Showers, Michael  
 PCH Name: BROOKDALE HARRISBURG

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 5/8/2018 a blood glucose reading of 250 was recorded on the Electronic Medication Administration Record (EMAR) of Resident 1 by Staff Person A, but this reading was not on Resident 1's glucometer. Resident 2 had a blood glucose measurement of 250 on Resident 2's glucometer associated with this same date at 3:52 pm, but this measurement was not recorded on Resident 2's EMAR. On this date, Resident 2's glucometer was used to test the blood sugar of Resident 1. The practice of shared glucometer use is prohibited.

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: Yes	Date(s) of Previous Violation(s):	05/31/2017
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Samantha Sipe</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Samantha Sipe - Executive Director	5/15/2018

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

The above plan of correction is approved as of 5/21/18  
 (Date)

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

Plan of correction implementation status as of 7/25/18  
 (Date)

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

Page 2A of 5

## Brookdale Harrisburg

### Plan of Correction

The following is the Plan of Correction for Brookdale Harrisburg regarding the Statement of Deficiency dated May 10, 2018 for the annual inspection on May 8, 2018. 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 2600.85(a)**

Immediately, the Health and Wellness Coordinator and Wellness Nurse audited all glucometers to verify they were labeled correctly with the resident's name and that they were stored separately from each other. On May 8, 2018 Executive Director completed an in-service with the LPN's and Med Techs on proper glucometer usage and sanitary conditions. The Health and Wellness Coordinator or designee will audit the glucometers weekly for 2 months to verify readings on the glucometer match the Medication Administration Record. The Health and Wellness Director or designee will review audit results monthly to verify if further action is warranted.

**Evidence** – Training attendance form, Policies on Blood Glucose Monitoring, Blood Glucose Reading audit tool

**Completion Date** – May 8, 2018 and ongoing

The physician for Resident #1 and Resident #2 will be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) will be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review. The notification to the physicians shall be completed within 5 days from the receipt of this plan.

BAS 5/21/18

Violation Report: 31611 - 05/08/2018 - Showers, Michael  
 PCH Name: BROOKDALE HARRISBURG

1. REGULATION 55 Pa.Code §2900  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION  
 On 5/3/2018, the water temperature in the bathroom vanity of Room 103 measured 123 degrees Fahrenheit.

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 2600.89(b)**

Immediately, upon the inspector's finding of one temperature 3 degrees over the threshold, the Maintenance Technician adjusted the temperature to meet regulations and fall within acceptable range. The boiler was repaired on May 5, 2018 by the vendor due to residents not having hot enough water in their rooms. On May 6, the Maintenance Technician was called to the community due to the boiler requiring to be reset again. Upon completion and verification of temperatures in random rooms, temperatures were noted to be within their normal readings,

Maintenance Technician was in-serviced on the community policy regarding hot water temperatures in areas accessible to the residents on May 10, 2018 by the Executive Director.

Ongoing, the Maintenance Technician will complete weekly audits for two months on 7 rooms to verify the water temperatures are not exceeding 120 degrees for hot water. The Executive Director or designee will review audit results monthly to verify if further action is warranted.

Evidence - Training attendance sheet, weekly audit tool

Completion Date - May 8, 2018 and ongoing

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Samantha Spice - Executive Director</i>	Date <i>5/15/2018</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5/21/18  
 (Date)

Plan of correction implementation status as of 7/25/18  
 (Date)

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

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

Violation Report: 31671 - 05/08/2018 - Showers, Michael  
 FCH Name: BROOKDALE HARRISBURG

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

The home has not implemented procedures for the safe use of glucometers as evidenced by the following:

- On 2/4/2018, Resident 4 had a blood glucose measurement of 96 taken at 8:16 am, but 145 was recorded on Resident 4's EMAR.
- Resident 5's glucometer is set with the incorrect date and time. On 5/8/2018, the date of the glucometer read 6/7/2018.
- Resident 5 had a blood glucose reading of 108 recorded on Resident 5's EMAR at 15:46 hours on 4/22/2018. This measurement was not stored on Resident 5's glucometer.
- Resident 6 had a blood glucose reading of 144 recorded on Resident 6's EMAR on 4/10/2018. This measurement was not stored on Resident 6's glucometer.
- Resident 7 has blood glucose checks performed by the home in accordance with the prescriber's order which states "monitor blood glucose daily in the AM." as evidenced by the measurements stored in the resident's glucometer. The home is not recording these blood glucose readings in Resident 7's EMAR.

**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 4A

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Samantha Sipe - Executive Director	5/15/2018

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

The above plan of correction is approved as of 5/21/18  
(Date)

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

Plan of correction implementation status as of 7/25/18  
(Date)

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

Page 4Aaf 5

**Regulation 2600.185(a)**

Immediately, the Health and Wellness Coordinator and Wellness Nurse immediately corrected the date and time in all glucometers.

Health and Wellness Coordinator is working with physicians to get PRN orders for all residents who are diabetic in the event they see signs or symptoms of hyper or hypoglycemia and an additional glucose reading might need to be completed.

Instructions on how to set the set and time on glucometers has been placed inside each glucometer bag for all Med Techs and LPN's to refer to in the event a correction needs made to the date and time on the glucometer.

Ongoing, the Health and Wellness Coordinator or designee will be responsible for completing weekly audits on glucometers which will include matching the reading with the eMAR and assuring date and time are correct. Health and Wellness Director and Health and Wellness Coordinator completed an in-service with the LPN's and Med Techs on May 14, 2018 on the community policy regarding Blood Glucose Monitoring and Blood Glucose Maintenance. Executive Director completed an in-service on documentation on all PRN glucometer readings. The Health and Wellness Director or designee will review audit results monthly to verify if further action is warranted.

**Evidence – Evidence – Training attendance form, Policies on Blood Glucose Monitoring, Blood Glucose Reading audit tool**

**Completion Date – May 14, 2018 and ongoing**

Violation Report: 31611 - 06/08/2018 - Showers, Michael  
 PCH Name: BROOKDALE HARRISBURG

1. REGULATION 55 Pa.Code §2900  
 2800.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION  
 The directions for operation of the home's locking mechanism are not conspicuously posted near the door of the Secured Dementia Care Unit leading to the 100 bedroom wing.

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.

Immediately, the Executive Director reposted the directions on how to unlock the secured dementia doors leading to the 100 hall in personal care. During the Executive Director and inspector's walk through of the community, the inspector noted that the sign had been posted. The maintenance Technician or designee will audit the exits to the secure dementia unit for proper exit postings for operation of the locking mechanism weekly for 2 months. The Executive Director or designee will review audit results monthly to verify if further action is warranted

Evidence – Picture of the sign, log for tracking audit tool

Completion Date – May 8, 2018

Repeat Violation No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Samantha Sipe</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Samantha Sipe - Executive Director</i>		Date <i>5/15/2018</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>5/21/18</u> (Date)		Plan of correction implementation status as of <u>7/25/18</u> (Date)	
The above plan of correction was approved by <u>AS</u> (Initials)		<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	



Violation Report: 31611 - 07/03/2018 - Gillespie, Denise  
 PCH Name: BROOKDALE HARRISBURG

1. REGULATION 55 Pa.Code §2800  
 2800.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 7/2/18, at 5:01 P.M. there is a blood sugar measurement of 128 stored on Resident #1's glucometer. The blood sugar reading of 128 was not documented on Resident # 1's medication administration record (MAR). On 7/2/18 at 5:07pm there is a blood sugar reading of 128 documented on Resident #2's MAR. The blood sugar reading of 128 was not a stored measurement on Resident #2's glucometer. On this date and time, Resident #1's glucometer was used to measure the blood sugar of Resident #2. The shared use of glucometers is prohibited.

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: Yes	Date(s) of Previous Violation(s): 5/31/2017
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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 - Executive Director* Date *7/23/2018*

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

The above plan of correction is approved as of 7/25/18  
 (Date)

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

Plan of correction implementation status as of 7/25/18  
 (Date)

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

Violation Report: 31611 - 07/03/2018 - Gillespie, Denise  
 PCH Name: BROOKDALE HARRISBURG

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

On 6/23/18 at 6:32am, the blood sugar measurement stored on the glucometer of Resident # 3 was 130. The blood sugar measurement documented on the medication administration record (MAR) was 150.

On 6/30/18 at 4:57pm, the blood sugar measurement documented on the MAR for Resident # 2 was 95. On 6/30/18 there was no blood sugar measurement stored on Resident #2's glucometer for this time.

**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 Pages 3A and 3B

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Samantha Gipe - Executive Director* Date *7/23/2018*

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

The above plan of correction is approved as of 7/25/18  
 (Date)

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

Plan of correction Implementation status as of 7/25/18  
 (Date)

- 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 July 13, 2018 for the follow up inspection on July 3, 2018. 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 2600.85(a)**

Immediately, the Health and Wellness Director audited all glucometers to verify they were labeled correctly with the resident's name and that they were stored separately from each other. Health and Wellness Director secured resident pictures on all glucometer bags as a second check for Medication Technicians in identifying the correct glucometer. On July 5, 2018 Health and Wellness Director completed an in-service with the LPN's and Med Techs on proper glucometer usage and sanitary conditions. The Health and Wellness Director contacted Primary Care Physicians as well as Power of Attorneys for the residents affected. The Health and Wellness Director or designee will audit the glucometers weekly for 2 months to verify readings on the glucometer match the Medication Administration Record. The Health and Wellness Director or designee will review audit results monthly to verify if further action is warranted.

**Evidence – Training attendance form, Policies on Blood Glucose Monitoring, Blood Glucose Reading audit tool**

**Completion Date – July 5, 2018 and ongoing**

**Regulation 2600.185(a)**

The Health and Wellness Coordinator or designee will be responsible for completing weekly audits on glucometers to be sure correct documentation on the MARS is being completed. Health and Wellness Director completed an in-service with the LPN's and Med Techs on July 5, 2018 on immediate documentation on a blood sugar reading on the MAR as well as on the community

policy regarding Blood Glucose Monitoring. The Health and Wellness Director or designee will review audit results monthly to verify if further action is warranted.

**Evidence – Evidence – Training attendance form, Policies on Blood Glucose Monitoring, Blood Glucose Reading audit tool**

**Completion Date – July 5, 2018 and ongoing**