



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: MAY 2 1 2018**

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's Bureau of Human Services Licensing inspections on November 15, 2017, November 20, 2017, December 18, 2017, January 25, 2018, February 5, 2018, April 6, 2018, and April 9, 2018 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

As a result of violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), the Department is REVOKING your license to operate the above facility. The Department's decision to revoke your license is based on your failure to comply with the Department's regulations and gross incompetence, negligence and misconduct in operating the facility and is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa.Code § 20.71(a) (2) ;( 6) (relating to conditions for denial, nonrenewal or revocation).

In accordance with 55 Pa.Code § 2600.269 (b) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

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.

Ms. Munoz

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55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
15a	II	97	\$5	\$485	5 calendar days from mailing date of this letter
82c	II	97	\$5	\$485	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 REVOKE your 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, 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.

Ms. Munoz

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The enclosed Licensing Inspection Summary specifies plans of correction and dates by which corrections must be made. If you choose to appeal, this plan of correction must be followed during your operation pending your appeal.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe', is written over the printed name.

Jacqueline L. Rowe  
Director

Enclosure  
Licensing Inspection Summary



Violation Report: 31812 - 11/15/2017 - Hoover, Douglas  
 PCH Name: BROOKDALE GRANDON FARMS

1. REGULATION 55 Pa.Code §2600  
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION  
 On 11/20/17, a copy of the home's 30-day notice to Resident #1 was requested. The home was unable to provide access to the file as it was locked in the business office. The business office manager was unavailable on 11/20/17.

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 POC and supporting documentation.  
 Page 7A*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Brian Hoffmann*      Date *2/10/18*

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

The above plan of correction is approved as of 2-12-18  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

Plan of correction implementation status as of 5/7/18  
 (Date) *BWB*

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

Violation Report: 31612 - 11/15/2017 - Hoover, Douglas  
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**

The home did not report abusive sexual assaults by Resident #1 to unidentified female residents in the Secured Dementia Care Unit (SDCU) to the local area agency on aging, as documented in the "Resident Log":

- 07/16/17 - Resident #1 grabbed a female resident's breast inside of her shirt
- 07/04/17 - Resident #1 unzipped pants and placed a female resident's hand inside the pants
- 07/02/17 - Resident #1 put a hand down a female resident's shirt
- 07/02/17 - Resident #1 put a hand down a female resident's shirt and the female resident screamed for help
- 06/20/17 - Resident #1 grabbed at a female resident and said: "Give me a kiss"
- 06/17/17 - Resident #1 was trying to crawl in the bed of a female resident
- 06/13/17 - Resident #1 was found in the bed of a female resident
- 06/13/17 - Resident #1 touched a female resident on the breast
- 06/12/17 - Resident #1 grabbed at the breast areas of 3 female residents

The home did not report an abusive assault to the local area agency on aging when Resident #1 grabbed the arm of an unidentified female resident causing a skin tear on 5/15/17.

**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 POC and supporting documentation.  
Page 7A and 7B*

\* All staff will receive re-education on the Older Adult Protective Services Act, including the requirements for mandatory reporting procedures. The home shall arrange for this training to be provided by the County Area Agency on Aging, or another outside agency with prior approval from the Department. This re-education shall be completed within 30 days from receipt of this plan. Documentation for the completion of this re-education shall be maintained by the home for Department review.

*BAS 5/7/18*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/21/2017
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Brian Hofbass</i>
Date	<i>2/10/18</i>

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

The above plan of correction is approved as of <u>2-12-18</u> (Date)	Plan of correction implementation status as of <u>5/7/18</u> (Date)
The above plan of correction was approved by <u>BE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

*BAS*

Violation Report: 31612 - 11/15/2017 - Hoover, Douglas  
 PCH Name: BROOKDALE GRANDON FARMS

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

The home did not submit reportable incident reports to the Department for the sexual assaults by Resident #1 to unidentified female residents in the SDCU as documented in the "Resident Log":

- 07/16/17 - Resident #1 grabbed a female resident's breast inside her shirt
- 07/04/17 - Resident #1 unzipped pants and placed a female resident's hand inside the pants
- 07/02/17 - Resident #1 put a hand down a female resident's shirt
- 07/02/17 - Resident #1 put a hand down a female resident's shirt and the female resident screamed for help
- 06/20/17 - Resident #1 grabbed at a female resident and said: "Give me a kiss"
- 08/17/17 - Resident #1 was trying to crawl in the bed of a female resident
- 06/13/17 - Resident #1 was found in the bed of a female resident
- 06/13/17 - Resident #1 touched a female resident on the breast

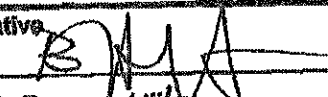
A reportable incident report was not submitted by the home to the Department when Resident #1 grabbed the arm of an unidentified female resident causing a skin tear on 5/15/17.

**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 POC and supporting documentation.  
 Page 7 B*

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)	Date
Brian Hoffess	2/10/18

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

The above plan of correction is approved as of <u>2-12-18</u> (Date);	Plan of correction implementation status as of <u>5/2/18</u> (Date)
The above plan of correction was approved by <u>BE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31612 - 11/15/2017 - Hoover, Douglas

PCH Name: BROOKDALE GRANDON FARMS

**1. REGULATION 56 Pa.Code §2000**

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2a. DESCRIPTION OF VIOLATION**

Unidentified female residents in the SDCU were abused by Resident #1 as documented in the "Resident Log":

- 07/16/17 - Resident #1 grabbed a female resident's breast inside her shirt
- 07/04/17 - Resident #1 unzipped pants and placed a female resident's hand inside of the pants
- 07/02/17 - Resident #1 put a hand down a female resident's shirt
- 07/02/17 - Resident #1 put a hand down a female resident's shirt and the female resident screamed for help
- 06/20/17 - Resident #1 grabbed at a female resident and said: "Give me a kiss"
- 06/17/17 - Resident #1 was trying to crawl in the bed of a female resident
- 06/13/17 - Resident #1 was found in the bed of a female resident
- 06/13/17 - Resident #1 touched a female resident on the breast
- 06/12/17 - Resident #1 grabbed at the breast areas of 3 female residents
- 05/15/17 - Resident #1 grabbed the arm of an unidentified female resident causing a skin tear on 5/15/17

The home did not protect female SDCU residents from abuse by 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.*

*Please see attached POC and supporting documentation.  
Page 7B and 7C*

# All staff will receive re-education on the Older Adult Protective Services Act, including the requirements for mandatory reporting procedures. The home shall arrange for this training to be provided by the County Area Agency on Aging, or another outside agency with prior approval from the Department. This re-education shall be completed within 30 days from receipt of this plan. Documentation for the completion of this re-education shall be maintained by the home for Department review.

*BAS 5/7/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*Bryan Hobbs*

Date *2-10-18*

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

The above plan of correction is approved as of 2-12-18  
(Date)

Plan of correction implementation status as of 5/7/18  
(Date) *BAS*

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

The above plan of correction was approved by [Handwritten Initials]  
(Initials)


Violation Report: 31612 - 11/15/2017 - Hoover, Douglas  
 PCH Name: BROOKDALE GRANDON FARMS

**1. REGULATION 55 Pa.Code §2600**  
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:  
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.  
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.  
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.  
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**  
 Direct Care Staff Members A, B, C, D and E are not medical professionals and did not complete the Department's medication administration training:  
 Direct Care Staff Member A administered medications to residents on 12/1, 12/2, 12/4, 12/5, 12/7, 12/9, 12/11, 12/13, 12/14 and 12/16 of 2017.  
 Direct Care Staff Member B administered medications to residents on 12/3, 12/4, 12/6, 12/13, and 12/17 of 2017.  
 Direct Care Staff Member C administered medications to residents on 12/5, 12/6, 12/9 and 12/10 of 2017.  
 Direct Care Staff Member D administered medications to residents on 12/5, 12/6, 12/9, 12/10, 12/12, 12/13, 12/14 and 12/15 of 2017.  
 Direct Care Staff Member E administered medications to residents on 12/14 and 12/15 of 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.  
*Please see attached POC and supporting documentation.*  
*Page 7C*

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)		Date
Brian Noe		2-10-18

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

The above plan of correction is approved as of <u>2-12-18</u> (Date)	Plan of correction implementation status as of <u>5/7/18</u> (Date)
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

Violation Report: 31612 - 11/15/2017 - Hoover, Douglas

PCH Name: BROOKDALE GRANDON FARMS

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident #1 no longer resides at the facility. The resident's record does not include the date of discharge, destination or the reason for discharge.

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 POC and supporting documents  
Page 7C and 7D

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 2-10-18

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

The above plan of correction is approved as of 2-12-18  
(Date)

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

Plan of correction implementation status as of 5/7/18  
(Date)

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

**Brookdale at Grandon Farms**

**Plan of Correction**

The following is the Plan of Correction for Brookdale at Grandon Farms in regard to the Statement of Deficiency dated February 1, 2018 for an incident partial inspection on November 15 and 20, 2018 and December 18, 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.<sup>5</sup>~~15~~ (a) (1)**

*On August 16, 2017 the Executive Director and the Health and Wellness Director met with Resident #1's Power of Attorney and informed her that they were giving her 30 days' notice to find a more appropriate community for Resident #1 due to his behaviors. Suggestions were given for alternate placement. On October 26, 2017 the Power of Attorney sent the community a letter making note of this meeting and stated she was giving 30 day notice to discharge him from Grandon Farms but could not do so until December 6, 2017. On [REDACTED] 2017 Resident #1 was discharge home with a caregiver. The Executive Director retrained the management staff on the community policy regarding providing immediate access to records when requested by Agents of the Department on February 9, 2018. The Executive Director or designee will monitor to verify if further action is warranted.*

**Evidence:** 30 Day Notice for Resident #1 from POA,  
Training\_attendance\_log

**Completion Date:** February 1, 2018

**Regulation 2600.15 (a)**

*The completed Act 13 form was submitted February 9, 2018 to the Area Office on Aging by the Executive Director. On February 8, 2018 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; "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:** February 11, 2018

**Regulation 2600.16 (c)**

*The completed reportable incident was submitted February 9, 2018 to the Department by the Executive Director. On February 8, 2018 appropriate staff members were re-trained by the Executive Director on the community policy regarding abuse reporting to the Department. 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:** February 11, 2018

**Regulation 2600.42 (b)**

*On February 12, 2018, the Executive Director will retrain appropriate staff on the community policy on resident rights and protecting them from injury. The community will continue to provide education on this topic at employee orientation and on an annual basis. Training will*

*be conducted in individual circumstances as warranted. The Health and Wellness Director and Health and Wellness Coordinator will continue to raise awareness regarding resident rights within the community, and they will monitor that residents are being treated with respect at all times. 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: Training Attendance Sheets**

**Completed: February 12, 2018**

**Regulation 2600.182 (b)**

*Immediately, on December 18, 2018, Direct Care Staff members A, B, C, D, and E were removed from the position of dispensing medications until the medication training documentation on these new hires could be located or until they were successfully retrained. An approved Medication Administration Trainer from another community retrained Direct Care Staff member A, B, C, and D, on December 19 and 20, 2017. Staff Person E no longer passes any medications at the community. When successful completion of the training occurred, Direct Care Staff were returned to the position of Medication Technician with the ability to administer medications. The Health and Wellness Director or designee will review all medication training documentation for compliance on new hires as well as current staff to verify initial and annual training of required trainings and observations monthly are completed as necessary to verify if further action is warranted.*

**Evidence: Medication Administration Training Documentation for Direct Care Staff A, B, C, D and E**

**Completed: January 1, 2018**

**Regulation 2600.252**

*Immediately, a late entry was noted on resident #1's medical record to indicate that Resident #1 went home with his family on [REDACTED] 17 with the support of a private caregiver. The Executive Director retrained the appropriate staff on February 9, 2018 to complete documentation on all discharges as to the discharge date, destination as well as any other pertinent information relating to discharge in a timely basis. The Health and Wellness*

*Director or designee will review all discharge records for 2 months for completed discharge documentation to verify if further action is warranted.*

**Evidence:**                      **Training attendance form**

**Completion Date:**              **February 8, 2018**



Violation Report: 31612 - 01/25/2018 - McCloskey, Jason  
 PCH Name: BROOKDALE GRANDON FARMS

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

Resident #1 ingested a poisonous material on 1/27/18 and as a result was hospitalized. The home did not notify the Department of this incident until 1/30/18.

**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.

Refer to Page 7A of 7

Report Violation No.	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Brian Hoffmann, Executive Director</i>	<i>3-16-18</i>

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

The above plan of correction is approved as of 3/20/18  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

Plan of correction implementation status as of 5/7/18  
 (Date)

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

Violation Report: 31612 - 01/25/2018 - McCloskey, Jason  
 PCH Name: BROOKDALE GRANDON FARMS

**1. REGULATION 55 Pa.Code §2600**

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 had a diagnosis of dementia, was not assessed as capable of safely using or avoiding poisonous materials, and was a resident of the home's Secure Dementia Care Unit. On 1/27/18 at approximately 2pm, Resident #1 ingested an undetermined amount of Ecolab Ecotemp Ultra Kleene industrial strength dishwashing liquid from a gallon container located in the dining area of the home. The container of dishwashing liquid was unlocked and accessible to residents and unattended by staff at the time of the incident. The resident was complaining of his/her mouth burning and was immediately sent to the hospital. The resident was admitted to the hospital's intensive care unit for observation due to the chemical injury sustained to his/her airway. On 2/1/18, the resident passed away. The coroner's report documents the cause of death as acute hypoxic respiratory failure due to aspiration due to ingestion of a toxic chemical. The home's failure to properly secure this poisonous liquid allowed access to Resident #1, who ingested the liquid and as a result died.

**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.*

*Refer to page 7 B of 7*

Repeat Violation No

Date(s) of Previous Violation(s)

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Signature]*

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

*Brian H. BASS, Executive Director*

Date *3-16-18*

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

The above plan of correction is approved as of 3/20/18  
 (Date)

Plan of correction implementation status as of 5/7/18  
 (Date)

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

- Fully implemented
- Partially implemented - Adequate Progress
- Partially implemented - Inadequate Progress
- Not implemented

Violation Report: 31612 - 01/25/2018 - McCloskey, Jason  
 PCH 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 B does not have a high school diploma from a school in the United States nor does the staff person have active registration 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.*

*Refer to page 7 B and 7C of 7*

Repeat Violation Yes	Date(s) of Previous Violation(s)	07/02/2017
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Signature of Legal Entity Representative  
 (Required on ALL POC Pages) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on ALL POC Pages) *John H. Bass, Executive Director*      Date *3-16-18*

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

The above plan of correction is approved on of 3/20/18  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

Plan of correction implementation status on of 5/7/18  
 (Date)

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

Violation Report: 31612 - 01/25/2018 - McCloskey, Jason  
 PCH Name: BROOKDALE GRANDON FARMS

**1. REGULATION 55 Pa.Code §2600**

2600.82(c) - 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**

On 1/27/18 at approximately 2pm, a gallon container of Ecolab Ecotemp Ultra Kleene industrial strength dishwashing liquid was located in the dining area of the home's Secure Dementia Care Unit. At this time, the container of dishwashing liquid was unlocked and accessible to residents who have not been assessed as capable of safely using or avoiding poisonous materials, including Resident #1. The safety data sheet for this industrial strength dishwashing liquid includes directions to "Get medical attention immediately" if swallowed.

**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.*

*Refer to page 7C of 7*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/28/2017
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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) *Kristin Hibess, Executive Director* Date *3-16-18*

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

The above plan of correction is approved as of 3/20/18 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 5/7/18 (Date)

- Fully implemented
- Partially implemented - Adequate Progress
- Partially implemented - Inadequate Progress
- Not implemented

Violation Report: 31612 - 01/25/2018 - McCloskey, Jason  
 PCH Name: BROOKDALE GRANDON FARMS

**1. REGULATION 55 Pa.Code §2600**

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**

On 1/25/18, a bottle of Carbidopa-Levodopa 25-100 MG belonging to Resident # 2 was located in the medication cart. The bottle states to take 1 tablet by mouth three times a day. The original prescriber order states to take 1 tablet two 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 Plan of Correction and supporting documentation.  
 Refer to page 7D of 7*

Repeat Violation No	Date(s) of Previous Violation(s)	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
--	--------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Erin Hobbes</i>	<i>3-16-18</i>

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

The above plan of correction is approved as of 3/20/18  
(Date)

Plan of correction implementation status as of 5/7/18  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

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

Violation Report: 31612 - 01/25/2018 - McCloskey, Jason  
 PCH Name: BROOKDALE GRANDON FARMS

**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**

As documented by the home, Resident #2 has fallen or been found on the floor approximately 28 times from May 2017 until the resident's placement into the secure dementia care unit in [redacted] 2017. The home arranged for placement of the resident into the SDCU as a way of addressing the falls, so that additional supervision would be provided to the resident. Resident #2's most recent assessment and support plan, dated 11/19/2017, identifies the resident as a fall risk and that the resident is non-compliant with safety interventions. Per interview with Staff Person A, the administrator, as well as other direct care staff, the expectation for supervision is for staff to observe each resident in the SDCU at least once every two hours. However, the home has not implemented a system to record that these two hour checks are completed. As documented by the home, this resident has continued to fall or be found on the floor 7 times during the period of [redacted] 2017 through 1/25/2018, while a resident of the SDCU. The home has failed to reassess the resident's ongoing risk of falls and need for increased supervision since the 11/19/2017 assessment and support plan.

**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 7D and 7E of 7*

Report Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Executed on ALLAR Form)		
Printed Name and Title of Legal Entity Representative (Executed on ALLAR Form)		Date
Brea Hobess, Executive Director		3-16-18
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of	3/20/18 (Date)	Plan of correction implementation status as of
The above plan of correction was approved by	BAS (Initials)	5/7/18 (Date)
<ul style="list-style-type: none"> <li><input type="checkbox"/> Fully Implemented</li> <li><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</li> <li><input type="checkbox"/> Partially Implemented - Inadequate Progress</li> <li><input type="checkbox"/> Not Implemented</li> </ul>		

**Brookdale Grandon Farms**

**Plan of Correction**

The following is the Plan of Correction for Brookdale Grandon Farms regarding the Statement of Deficiency dated March 9, 2018 for the partial/incident survey on January 21, 2018. 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 2600.16 ( c )**

On March 14, 2018, management staff members were re-trained by the Executive Director on the community policy regarding reporting an incident or condition to the Department's personal care regional office within 24 hours of the incident. The community will continue to provide education on the community's incident reporting policy at employee orientation. Training will also be conducted in individual circumstances as warranted. To assist with compliance, the Executive Director or designee will review any reportable events weekly, for 2 months, to verify timely submission to the Department's personal care home regional office.

Evidence: Attendance in-service sheet

**Completion Date: March 15, 2018**

**Regulation 2600.42 (b)**

The Ecolab Ultra Kleene was immediately removed from the Secure Dementia Care Unit. All staff working in the Secure Dementia Care Unit were retrained by the Executive Director on February 1, 2018, February 21, 2018, and February 28, 2018, on the proper storage of poisonous materials, including properly securing materials when not in use. The dishwasher was removed from the kitchen in the Secure Dementia Care Unit on February 5, 2018 by the Maintenance Director and all dirty dishes are to be washed in the main kitchen of the community going forward. The Clare Bridge Coordinator or designee will conduct environmental rounds three times a week for one month, then weekly thereafter for 3 months. During the rounds, the Clare Bridge Coordinator will document on the Environmental Rounds Form that poisonous materials are locked and secured. To assist with compliance, the Executive Director or designee will review the audit results.

Evidence: training attendance sheet, copy of Environmental Rounds Form

**Completion Date: March 13, 2018**

**Regulation 2600.54(a)**

Immediately, the Business Office Manager applied for a waiver to the Department for Staff Person B. Waiver submission included documentation that the non-U.S. educational program was equivalent to U.S. educational requirements. The approved waiver was received.

Immediately through March 30, 2018, the Business Office Manager reviewed all staff files to verify the community obtained and retained a copy of the required education documentation for all shift associates. All Education documentation has been received as of 3/18/2018.

The Executive Director conducted an in-service retraining with the Business Office Manager on March 13, 2018, regarding obtaining the required high school diploma, GED, or active registration status on the Pennsylvania nurse aide registry for all new associates. To assist with compliance, for three months, the Business Office Manager will give the Executive Director each new hire file and the

Executive Director will review each new hire file to verify that the checklist is being utilized and that the necessary documentation is in each file prior to the employee's first day of providing care.

**Evidence:** training attendance sheet, approved Waiver for Staff Person B, education documentation for new staff hired since the inspection.

**Completion Date: March 30, 2018**

**Regulation 2600.82 (c)**

The Ecolab Ultra Kleene was immediately removed from the Secure Dementia Care Unit. All staff working in the secure dementia Care Unit were retrained by the Executive Director on February 1, 2018, February 21, 2018 and February 28, 2018, as to the proper storage and securing of poisonous materials when not in use. The dishwasher was removed from the kitchen in the Secure Dementia Care Unit on February 5, 2018, by the Maintenance Director and all dishes are to be washed in the main kitchen of the community going forward. The Clare Bridge Coordinator or designee will conduct environmental rounds three times a week for one month, then weekly thereafter for 3 months. During the rounds, the Clare Bridge Coordinator will document on the Environmental Rounds Form that poisonous materials are locked and secured.

**Evidence:** training attendance sheet, copy of Environmental Rounds Form

**Completion Date: March 13, 2018**

**Regulation 2600.184 (a)**

Immediately, the Health and Wellness Director clarified the orders with the prescriber and updated the EMAR to correspond with the medication orders and medication in the cart.

An all cart audit was performed by the Health and Wellness Director and Health and Wellness Coordinator to match up all physician orders with the EMAR on February 5, 2018. Direction change stickers were immediately affixed to the pharmacy labels where indicated.

On February 21, 2018, the Health and Wellness Director retrained appropriate direct care staff regarding the community policy on Medication Administration which included the process for assuring labels are updated when orders from the prescriber change. The Health and Wellness Coordinator or designee will audit the medication administration records and medication carts weekly for 2 months to verify all medications labeled correspond with the order by the prescriber. To assist with compliance, the Health and Wellness Director or designee will review these audits weekly for 2 months.

**Evidence:** Training attendance sheet

**Completion date:** March 16, 2018

**Regulation 2600.225 (c)**

Immediately, the assessment and support plan for Resident #1 was updated by the Health and Wellness Director, District Director of Clinical Services and Coordinator of the Secure Dementia Care Unit to include fall prevention interventions that were already in place. The current strategies in practice include: bed maintained in the lowest position, non-skid slippers when resident is out of bed, bed was moved against the wall to provide more support, increased engagement in activities resident prefers such as Trivia and word games, continuation of Physical Therapy which has been ongoing since January 11, 2017,

to address safety awareness and gait mobility with a walker, and continuing to utilize the wheelchair for situations requiring endurance. Ongoing, family meetings have occurred starting October 10, 2017, regarding falls and strategies initiated to provide a safe environment. Resident #1 was transferred to the Secure Dementia Care Unit on [REDACTED]/17 to provide an environment more appropriate for her cognitive decline and ability to participate in programming.

Resident #1 has been referred to 3 skilled nursing facilities for placement and has been accepted. She is currently on the waiting list due to lack of bed availability and will be transferred when a bed becomes available.

The Clare Bridge Coordinator or designee will monitor Resident #1's participation in preferred activities and actively try to engage resident in programming.

The Executive Director or designee will randomly round in the Secure Dementia Care Unit for 2 months to review programming and Resident #1's engagement.

Evidence- Updated assessment and support plan

**Completion Date: March 20, 2018 and ongoing until placement is procured.**

\* The home will complete an audit all current resident assessments and support plans (RASPs) 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 be addressed by the home, has been documented. The audit and completion of any new RASPs shall be completed within 60 days from the date of this plan.

Staff will receive training to immediately notify administration/direct management staff of changes in a resident's abilities and/or behaviors to ensure that the changes can be addressed in a timely manner. This training shall occur within 30 days from the date of this plan.

On-going: The home shall complete new assessments to address significant changes to the conditions and abilities of the residents.

BAS 3/20/18



Violation Report: 31812 - 04/08/2018 - Heemer, Laura  
 PCH Name: BROOKDALE GRANDON FARMS

**1. REGULATION 68 Pa. Code §2409**

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 (36 P.S. Sections 10226.701 - 10226.707) 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 3/11/2018 an allegation of suspected abuse by Resident 1 against Resident 2 was reported to Staff Person A. The home did not report the allegation to the local Area Agency on Aging in accordance with the Older Adults Protective Services Act.

**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*

✚ All staff will receive re-education on the Older Adult Protective Services Act, including the requirements for mandatory reporting procedures. The home shall arrange for this training to be provided by the County Area Agency on Aging, or another outside agency with prior approval from the Department. This re-education shall be completed within 30 days from receipt of this plan. Documentation for the completion of this re-education shall be maintained by the home for Department review.

*BAS 5/7/18*

Report Violation: Yes	Date(s) of Previous Violation(s):	04/21/2017
Signature of Legal Entity Representative (Required on EVERY Page)		
<i>[Signature]</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
<i>Brian Ho Bass, Exec. Director</i>		<i>4/27/18</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of	<u>5/1/18</u> (Date)	Plan of correction implementation status as of <u>5/7/18</u> (Date)
The above plan of correction was approved by	<u>BAS</u> (Initials)	<input type="checkbox"/> Fully implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**Brookdale Grandon Farms**

**Plan of Correction**

The following is the Plan of Correction for Brookdale Grandon Farms regarding the Statement of Deficiency dated April 17, 2018 for the interim/incident survey on April 6, 2018 and April 9, 2018. 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 2600.15 ( a )**

*On April 20, 2018, management staff members were re-trained by the Executive Director on the community policy regarding reporting an incident of suspected abuse to the local Area Agency on Aging. The completed Act 13 form was submitted as a late entry on April 25, 2018 to the Area Office on Aging by the Executive Director. On April 20, 2018 appropriate staff members were re-trained by the Health/ Wellness Director and Executive 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:** April 20, 2018

Violation Report: 31612 - 04/06/2018 - Heemer, Laura  
 PQH Name: BROCKDALE GRANDON FARMS

1. REGULATION 68 Pa.Code §2000  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 4/6/2018 at approximately 9:15 am a bowl was located on a table in the Secure Dementia Care Unit. The bowl contained a hardened dried out banana peel that was hardened and black in color.

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)

*[Handwritten Signature]*

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

*Brian Hartsass, Exec. Director*

Date *4/27/18*

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

The above plan of correction is approved as of

*5/1/18*  
 (Date)

Plan of correction implementation status as of

*5/7/18*  
 (Date)

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

The above plan of correction was approved by

*BAS*  
 (Initials)

**Regulation 2600.85 ( a )**

*The dried banana peel was immediately discarded. The appropriate staff were retrained on the community policy regarding sanitary conditions on April 20, 2018 by the Dining Director. The Dining Director or designee will audit the secure dementia unit weekly for maintenance of sanitary conditions weekly for 2 months. The Executive Director will review the audit results and determine if any further action is warranted.*

**Evidence:** Attendance in-service sheet  
**Completion Date:** April 20, 2018

Violation Report: 31812 - 04/06/2018 - Heerner, Laura  
 PCH Name: BROOKDALE GRANDON FARMS

**1. REGULATION 55 Pa.Code §2600**

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**2a. DESCRIPTION OF VIOLATION**

On 4/8/2018 the refrigerator in the Secure Dementia Care Unit contained a blue plastic container of what appeared to be applesauce. The container of food was not labeled to identify the contents or when it was last used. This information was brought to the attention of the administrator on this date.  
 On 4/9/2018, inspectors observed the same container of applesauce in the refrigerator still unlabeled and undated.

**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 4A*

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 H. Agass, Exec. Dir.* Date *4/27/18*

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

The above plan of correction is approved as of 5/1/18  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

Plan of correction implementation status as of 5/7/18  
 (Date)

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

**Regulation 2600.103 ( e )**

*The blue container of applesauce was immediately discarded on April 9, 2018. The appropriate dining staff were retrained on the community policy regarding the storage of left overs including labeling and dating by the Dining Director on April 20, 2018. The Dining Director or designee will audit the refrigerator in the secure dementia unit weekly for 2 months then monthly thereafter. The Executive Director will review the audit results and determine if any further action is warranted.*

**Evidence:** Attendance in-service sheet

**Completion Date:** April 20,, 2018

Violation Report: 31812 - 04/08/2018 - Heener, Laura

PGH Name: BROOKDALE GRANDON FARMS

1. REGULATION # Pa. Code §2600

2600.262 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The Resident Records for Resident 1 and Resident 2 do not contain complete copies of the Pre-Admission Screening forms. These records only contain the portion of the Pre-Admission Screening form regarding admission to a Secure Dementia Care Unit requiring the assessment by a physician or Geriatric Assessment Team member. The remainder of the Pre-Admission Screening form is missing.

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 5A

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)

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 5/1/18 (Date)

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

- Plan of correction implementation status as of 5/7/18 (Date)
- Fully Implemented
  - Partially Implemented - Adequate Progress
  - Partially Implemented - Inadequate Progress
  - Not Implemented

**Regulation 2600.252**

*On April 20, 2018 the Executive Director retrained the appropriate staff on the community policy regarding completion of the Pre-Admission Screen and filling in all necessary sections of the form. The Health and Wellness Director and Health and Wellness Coordinator will utilize the Admission Checklist going forward to assure all forms are completed prior to move-in or transfer to the secure dementia unit. The Health and Wellness Coordinator or designee will review all new move-in documentation for 2 months, to verify that all necessary forms are present and completed according to policy. The Executive Director will review the audit results and determine if any further action is warranted.*

**Evidence:**

Attendance in-service sheet, Admission Checklist

**Completion Date:**

April 20, 2018