



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: August 9, 2018

Ms. Stacey Meyer
Assistant Secretary
Emeritus Corporation
6737 West Washington Street, Suite 2300
Milwaukee, Wisconsin 53214

RE: Brookdale Bloomsburg
420 Shaffer Road
Bloomsburg, Pennsylvania 17815
License #: 211200

Dear Ms. Meyer:

As a result of the Department's Bureau of Human Services Licensing inspection on June 8, 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,

Anne Graziano
Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: BROOKDALE BLOOMSBURG		License Number: 21120
Address: 420 SHAFFER ROAD, BLOOMSBURG, PA 17815		County: Columbia
Administrator: Julie Heeter		Region: NORTHEAST
Legal Entity Name: EMERITUS CORPORATION		
Legal Entity Address: 6737 W WASHINGTON ST SUITE 2300, MILWAUKEE, WI 53214		
Certificate(s) of Occupancy C-2 LP 06/07/2018 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 38	Waking Staff: 29
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
06/08/2018: Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 67 Number of Residents Served: 38 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 21120 - 06/08/2018 - Novak, Ryan
 PCH Name: BROOKDALE BLOOMSBURG

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #1's pre-admission screening was incomplete as there was nothing noted for level of supervision or mobility.

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.

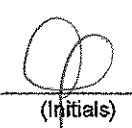
Please see attachment

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Julie L Heeter, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julie L Heeter, ED</i>	Date <i>8/3/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8-7-18</u> (Date)	Plan of correction implementation status as of <u>8-7-18</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Brookdale Bloomsburg

Plan of Correction

P2A
83

The following is the Plan of Correction for Brookdale Bloomsburg in regard to the Statement of Deficiency dated July 26, 2018 for incident inspection on June 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 2600.224 (a)

An audit of all current residents' preadmission screening forms was completed 7/30/18 by the Health and Wellness Director and Health and Wellness Coordinator. The appropriate staff was re-trained on the community policy regarding completion of documentation required, prior to move-in, by the Executive Director on June 20, 1018.

Going forward, two clinical staff persons will review and initial every preadmission screening form prior to move-in for completion of the required information.

The Health and Wellness Director will conduct an audit monthly on all new admissions for 3 months to verify if any further action is warranted. Additional corrective action will be taken based on audit findings.

Evidence: Attendance in-service sheet
Completion Date: August 3, 2018

Yes

AG
8/7/18

Violation Report: 21120 - 06/08/2018 - Novak, Ryan
 PCH Name: BROOKDALE BLOOMSBURG

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's RASP dated 5/31/18 has not been updated regarding the incident that occurred on 5/20/18. The RASP notes the resident does not have any behavioral problems, or problems with judgement. The RASP has not been updated to reflect the residents suicidal ideations and what the home is going to implement to meet the residents needs.

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 attachment —

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Julie L Heeter, Executive Director*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Julie L Heeter, ED* Date *8/3/18*

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The above plan of correction is approved as of <u>8/7/18</u> (Date)	Plan of correction implementation status as of <u>8/7/18</u> (Date)
The above plan of correction was approved by <u><i>JL</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

Regulation 2600.227 (d)

P3A83

Immediately, the service plan/ RASP was updated by the Health and Wellness Director on resident #1 to include the resident's behavioral issues and actions taken.

The Executive Director retrained the appropriate clinical staff on the community policy regarding updating the RASP/ service plan with a change in condition on June 20, 2018. An audit was done for the last 2 months to review if service plans were updated for residents with a change in condition. Even if a new action is not deemed necessary, a note will be documented to recognize the new condition.

The Health and Wellness Coordinator or designee will conduct an audit weekly x 3 months to review updates on service plans/ RASP's for residents with a noted change of condition. The Health and Wellness Director will review the audit results for 3 months to verify if any further action is warranted. Additional action will be based on audit findings.

Evidence- Staff training attendance log, updated service plan/ RASP

Completion Date: August 3, 2018

(Yes)

OK op.
8/1/18