



Mailing Date: July 25, 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 inspection on July 3, 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,

A handwritten signature in black ink, appearing to read "Brett Swanger". The signature is fluid and cursive, written over a light blue horizontal line.

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 31612 - 07/03/2018 - McCloskey, Jason
PCH Name: BROOKDALE GRANDON FARMS

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 7/3/18 at approximately 11:45am, the 400 hallway medication cart was unattended. A bin attached to the cart held the narcotic count book that documented resident names, medications and diagnosis information.

A purple binder containing inspection reports was kept on a shelf above the visitor register at the entrance of the home. The binder contained resident coding documents for the violation reports; a mandatory abuse report from 4/24/18 (including the names and dates of birth for the alleged perpetrator and alleged victim of abuse); an assessment and support plan for a resident of the home, a do-not-resuscitate order and medical diagnosis information for Resident 2; and a reportable incident form with Resident 3's name and date of birth

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attached Page 3A

Repeat Violation: No

Date(s) of Previous Violation(s):

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 7/24/2018

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

Violation Report: 31612 - 07/03/2018 - McCloskey, Jason
 PCH Name: BROOKDALE GRANDON FARMS

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 7/3/18 at 4:30PM, a tube of Lidocaine Ointment USP 5% was unlocked and accessible located in Resident 1's nightstand.

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 Sipe*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Samantha Sipe - Executive Director* Date *7/24/2018*

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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 Grandon Farms

Plan of Correction

The following is the Plan of Correction for Brookdale Grandon Farms regarding the Statement of Deficiency dated July 23, 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 2600.17

Immediately, the Health and Wellness Director verified that all medication carts had their narcotic books properly locked in the cart. On July 5, 2018 Health and Wellness Director completed an in-service on the confidential information being secured at all times. The Health and Wellness Director or designee will audit the medication carts weekly for 2 months to verify narcotic books are locked in the medication cart when unattended. The Health and Wellness Director or designee will review audit results monthly to verify if further action is warranted.

Immediately, the purple binder containing inspections reports with confidential information was removed from the lobby. On July 5, 2018 Executive Director completed an in-service with management associates to discuss the appropriate inspection reports that should be posted in the community, not to include resident and associates information. The Concierge or Designee will audit the inspection report binder weekly for 2 months to verify the correct reports are accessible to all visitors. The Executive Director will review the audit results to determine if any further action is warranted.

Evidence – Training attendance form, Confidential information policy

Completion Date – July 5, 2018 and ongoing

Regulation 2600.183(b)

Immediately, the cream was removed from resident's room and discarded. On July 4, 2018 Executive Director and Health and Wellness Director completed a sweep of resident's room to verify no other medications were present in the room. The resident was re-educated that all

medications for her need to be stored in the community storage. The community purchased a lockbox that will be kept in the resident's closet with personal care items that only associates will have access to. The Health and Wellness Director retrained the appropriate direct staff to be aware of any unauthorized medications in resident rooms. The Health and Wellness Coordinator or designee will audit 3 resident rooms randomly for 2 months. The Health and Wellness Director will review the audit results to determine if any further action is warranted.

Evidence – Training attendance form

Completion Date – July 5, 2018 and ongoing