



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: October 10, 2018

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

RE: Brookdale Grayson View
29 Grayson View Court
Selinsgrove, Pennsylvania 17870
License #: 327930

Dear Ms. Meyer:

As a result of the Department's Bureau of Human Services Licensing inspection on August 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 "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary



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

PCM Name: Brookdale Grayson View		License Number: 32793
Address: 29 Grayson View Court, Selinsgrove, PA 17870		County: Snyder
Administrator: Lennie Boop		Region: CENTRAL
Legal Entity Name: EMERITUS CORPORATION		
Legal Entity Address: 6737 W. WASHINGTON ST, MILWAUKEE, WI 53214		
Certificate(s) of Occupancy C-2 LP 01/19/2000 L&I		
Staffing Hours Resident Support: 82 Total Daily Staff: 182 Waking Staff: 137		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/03/2018: Bomberger, Cybil		
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: 95 Number of Residents Served: 82 Secured Dementia Care Unit in Home: Yes Area: Clarebridge Hallway Secured Dementia Unit Capacity, if Applicable: 16 Number of Residents Served in Secured Dementia Care Unit, if applicable: 16 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 16	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 82 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 18 Have a Physical Disability: 1	

Brookdale Grayson View

Plan of Correction

The following is the Plan of Correction for Brookdale Grayson View in regard to the Statement of Deficiency dated 09/21/2018 for incident follow-up inspection on 8/03/2018. 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.

Violation Report: 32793 - 08/03/2018 - Bomberger, Cybil
PCH Name: Brookdale Grayson View

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 personal care home did not timely report to PA Dept. of Aging the following incidents of resident to resident abuse:
On 2/8/18 resident #1 was observed with their hands down the pants of another resident. This was reported to PA Dept. of Aging on 7/18/18.
On 2/16/18 Resident #1 was found in their bed naked with another resident. This was reported to PA Dept. of Aging on 8/1/18.
On 8/28/18 resident #1 was observed holding hands and touching/fondling the groin area of another resident. This was reported to the PA Dept. of Aging on 7/18/18.
In addition, resident #1 made sexual/inappropriate contact with residents of the opposite sex on 2/19, 4/11, 4/29 and 7/5/18 and was physically aggressive, poking and hitting other residents on 3/12 and 5/18/18. As of 8/3/18 none of these incidents were reported to the PA Dept. of Aging as required.

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.

7/17/2018, 7/18/2018, and 8/1/2018 - Incidents were reported to AAA, DHS and the Pennsylvania State Police.

8/3/2018 - Additional incidents noted were reported to AAA, DHS and the Pennsylvania State Police.

8/08/2018 -8/29/2018 – All Management staff and all clinical staff were re-educated on OAPSA training by the Executive Director.

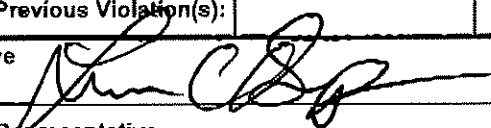
8/09/2018 – 9/20/2018 – Management staff and clinical staff received OAPSA training from the Union/Snyder Area Agency on Aging Protective Services staff.

Now and Ongoing - All OAPSA potentially reportable incidents will be reviewed by the Executive Director or designee as they occur. Annual training will be scheduled and conducted for staff training by AAA. Required notifications will be reviewed periodically by the Executive Director and Health / Wellness Director or designee to ensure incidents are communicated in accordance to this regulation. The Executive Director will review results and verify if any further action is warranted.

Evidence: Staff Training

Completion Date: 9-20-2018


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) Lennie C. Boop, Senior Exec. Director Date 9/30/18

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

The above plan of correction is approved as of 10.2.18
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 10.2.18
(Date)

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

Violation Report: 32793 - 08/03/2018 - Bomberger, Cybil
PCH Name: Brookdale Grayson View

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 failed to timely report to the NE Regional licensing office the following reportable incidents:

On 2/8/18 resident #1 was observed with their hands down the pants of another resident. This was reported to the NE Regional office on 7/17/18. On 2/16/18 Resident #1 was found in their bed naked with another resident. This was reported to the NE Regional office on 8/1/18.

On 6/28/18 resident #1 was observed holding hands and touching/fondling the groin area of another resident. This was reported to the NE Regional office on 7/17/18.

In addition, resident #1 made sexual/inappropriate contact with residents of the opposite sex on 2/19, 4/11, 4/29 and 7/5/18 and was physically aggressive, poking and hitting other residents on 3/12 and 5/18/18. As of 8/3/18 none of these incidents were reported to the NE Regional licensing office as required.

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.

7/17/2018, 7/18/2018, and 8/1/2018 - Incidents were reported to AAA, DHS and the Pennsylvania State Police.

8/3/2018 - Additional incidents noted were reported to AAA, DHS and the Pennsylvania State Police.

8/08/2018 -8/29/2018 – Management staff and all clinical staff were re-educated on OAPSA by the Executive Director.

8/09/2018 – 9/20/2018 – Management staff and clinical staff received OAPSA training for the Union/Snyder Area Agency on Aging Protective Services staff.

Now and Ongoing - All OAPSA will be reviewed by the Executive Director or Designee as they occur. Required notifications will be reviewed periodically by the Executive Director and Health and Wellness Director or designee to ensure incidents are communicated in accordance to this regulation. The Executive Director will review results and verify if any further action is warranted.

Evidence: Staff Training

Completion Date: 9-20-2018

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) <i>Lennie C. Boop, Senior Exec. Director</i>	Date <i>9/30/18</i>
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Violation Report: 32793 - 08/03/2018 - Bomberger, Cybil
PCH Name: Brookdale Grayson View

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Prescribed Mupirocin ointment for resident #1 which was discontinued by the physician effective 6/1/18 was stored in the medication treatment cart.

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.

8/03/2018 - The Mupirocin ointment for resident #1 was immediately removed from the medication cart.

08/18/2018 and 8/31/2018 - An audit was conducted of all medication carts to ensure no additional medication without current prescribed orders were located in the medication carts.

08/23/2018 - An audit of medication carts was also conducted by a licensed pharmacist.

8/21/2018 to 8/23/2018 - LPNs and Medication Technicians were re-educated on this regulation by the Health and Wellness Director.

Now and Ongoing – Medication carts will be audited on a monthly basis. Audits will be reviewed by the Health and Wellness Director or Designee as they occur. Audits will be reviewed periodically by the Executive Director to ensure compliance with this regulation. The Executive Director will review results and verify if any further action is warranted.

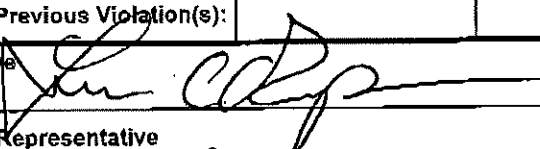
Evidence: Staff Training, Medication Audit forms

Completion Date: 8-31-2018

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)

Lennie C Boop, Senior Exec. Director

Date 9/30/18

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