



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 15 2019

Ms. Stacey Meyer
Assistant Secretary
Brookdale Senior Living Communities, Inc.
5300 Old William Penn Highway
Export, Pennsylvania 15632

RE: Brookdale Murrysville
License #: 428680

Dear Ms. Meyer:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 29, 2018 and November 7, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 42868 - 10/29/2018 - Cutter, Jan
 PCH Name: BROOKDALE MURRYSVILLE

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 11/7/2018, the home's current licensing inspection summary, dated 10/27/2017, and a copy of 55 Code Pa. Chapter 2600 was posted in a locked shadow box on a wall in the lobby. The key for the shadow box was located on top of the box which was approximately 6 feet from the floor making it inaccessible to residents and visitors in wheelchairs.

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 page, (2a of 7)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sherril Gillespie, RN, F.D.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sherril Gillespie, Executive Director* Date *1-10-19*

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

| | |
|---|---|
| The above plan of correction is approved as of <u>2/20/19</u> (Date) | Plan of correction implementation status as of <u>2/20/19</u> (Date) |
| The above plan of correction was approved by <u>JW</u> (initials) | <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Regulation 2600.3 (c)

Immediately-Executive Director removed the copy of regulations 55 Code Pa. Chapter 2600 and survey results from the lock box and placed them on a bulletin board, which is accessible to wheelchair bound residents and visitors.

1/7/19- The management team were retrained by the Executive Director on the community policy regarding posting of the current licensing inspection summary report and licensing codes.

The Executive Director or designee will monitor the posting weekly for 2 months to verify if any further action is warranted.

Evidence: Attendance in-service sheet, picture of the bulletin board posting

Completion Date: January 11, 2019

Sherris Gillespie, RN, ED
Sherris Gillespie, Executive Director
1-10-19

2

JW 2/20/19

Violation Report: 42868 - 10/29/2018 - Cutter, Jan
 PCH Name: BROOKDALE MURRYSVILLE

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 11/7/2018 at approximately 9:25 a.m., the hot water temperature at the sink in the "A" hall shower room measured 122.5 degrees Fahrenheit.

On 11/7/2018 at approximately 10:00 a.m., the hot water temperature at the sink in the "C" hall shower room measured 124.1 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.

Please see attached pages (3a of 7)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Sharon Gillespie, RN, ED

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Sherri Gillespie, Executive Director

Date *1-10-19*

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

The above plan of correction is approved as of 2/20/19
 (Date)

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

Plan of correction implementation status as of 2/20/19
 (Date)

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

Regulation 2600.89 (b)

Immediately, a new thermometer was purchased by the Maintenance Technician to replace the one currently in use.

1/7/19- The Executive Director re-trained the Maintenance Technician on the community policy regarding monitoring water temperatures in resident accessible areas.

1/7/19 and ongoing- Water temperatures will continue to be monitored on a weekly basis by the Maintenance Technician or designee. The results of these audits will be reviewed by the Executive Director weekly for three months to verify if any further action is warranted.

Evidence-Staff training attendance log

Completion Date: January 7, 2019

The home's mixing valve was adjusted to lower the hot water temperature. *JW* 2/20/19

Sherril Gillespie, RN, ED
Sherril Gillespie, Executive Director
1-10-19

JW 2/20/19

Violation Report: 42868 - 10/29/2018 - Cutter, Jan
 PCH Name: BROOKDALE MURRYSVILLE

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On 11/7/18 at 10:30 a.m., there was a 9 ounce package of taco seasoning mix and a 16 ounce bag of marshmallows opened and unsealed in the dry storage pantry.

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 page, (4a of 7)

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 (Required on EVERY Page) *Sherri Gillespie, RN, ED*

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| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sherri Gillespie, Executive Director</i> | Date <i>1-10-19</i> |
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- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 2600.103 (g)

Immediately, the Executive Director discarded the taco seasoning and marshmallows.

1/7/19- Executive Director re-trained the Dining Coordinator and Cook on the community policy regarding food storage requiring a closed or sealed container.

1/7/19 and ongoing -The Dining Coordinator or designee will audit the dry storage areas weekly for compliance with the community policy.

Executive Director or designee will review audit results for three months to verify if any further action is warranted.

Evidence-Staff training attendance log

Completion Date: January 7, 2019

Sherri Gillespie, RN, ED
Sherri Gillespie, Executive Director
1-10-19

JW 2/20/19

Violation Report: 42868 - 10/29/2018 - Cutter, Jan
 PCH Name: BROOKDALE MURRYSVILLE

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 11/7/18, there were 10 undated plastic wrapped packages of lunch meat on a tray in the 2 door stainless steel refrigerator in the kitchen.

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.

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Printed Name and Title of Legal Entity Representative
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Regulation 2600.103 (i)

Immediately, the Executive Director discarded the unlabeled lunch meat.

1/7/19- Executive Director re-trained the Dining Coordinator and Cook on the community policy regarding food storage of leftovers in the refrigerator.

1/7/19-The Dining Coordinator or designee will audit the refrigerator in the kitchen area weekly for proper storage of leftovers.

The Executive Director will review audit results for three months to verify if any further action is warranted.

Evidence-Staff training attendance log

Completion Date: January 7, 2019

Sherri Gillespie, RN, ED
Sherri Gillespie, Executive Director
1-10-19

JW 2/20/19

Violation Report: 42868 - 10/29/2018 - Cutter, Jan
 PCH Name: BROOKDALE MURRYSVILLE

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

A fire safety inspection and observed fire drill by a fire safety expert was conducted on 2/17/2017. However, the next fire safety inspection and observed fire drill by a fire safety expert was conducted on 4/18/2018.

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

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Please see attached page. (6a of 7)

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 (Required on EVERY Page) *Sherril Gillespie, FN, ED*

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- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 2600.132 (b)

Going forward, the fire inspection and observed fire drill by a fire safety expert will be conducted on or before the previous year's fire inspection. The community will no longer use the calendar year as the guide.

Ongoing- Maintenance Director and Executive Director will add an Outlook calendar reminder of the upcoming due date to help ensure compliance.

The Executive Director will monitor for compliance or if any further action is warranted.

Completion Date: January 7, 2019

Sherri Gillespie, FNEP
Sherri Gillespie, Executive Director
1-10-19

JW 2/20/19

Violation Report: 42868 - 10/29/2018 - Cutter, Jan
 PCH Name: BROOKDALE MURRYSVILLE

1. REGULATION 55 Pa.Code §2600

2600.233(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

On 11/7/18, the directions for operating the keypad locking mechanism on the courtyard gate are not conspicuously posted near the device.

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.

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- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 2600.233 (c)

Immediately, the Business Office Coordinator reposted the directions for the operation of the keypad locking mechanism near the courtyard gate.

1/7/19- The Executive Director re-trained the management team regarding the community policy for posting of exit code directions.

1/7/19 and ongoing- The courtyard gate will be checked weekly by Maintenance Technician or designee during environmental rounds to ensure that code directions are secured in place.

The Executive Director will review the results of the audits to verify if any further action is warranted for 2 months.

Evidence- Staff training attendance log, picture of the code in place

Completion Date: January 7, 2019

Sherrie Gillespie, RN, ED
Sherrie Gillespie, Executive Director
1-10-19

JW 2/20/19