



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: lennie.boop@brookdale.com
MAILING DATE: May 30, 2019

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 #: 227930

Dear Ms. Meyer:

As a result of the Department's Bureau of Human Services Licensing inspection on November 27, 2018 of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

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 02/19/2019 for incident follow-up inspection on 11/27/2018. 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: 22793 - 11/27/2018 - Palermo, Michael
PCH Name: BROOKDALE GRAYSON VIEW

1. REGULATION 55 Pa.Code §2600

2600.16(d) - The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

2a. DESCRIPTION OF VIOLATION

The home submitted an Initial Incident Report for Resident # 1 for the June 2018 fall resulting in cervical fractures. The home did not submit a final report to the Department.

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.

Regulation 2600.16(d)

6/9/2018 - Reportable incident submitted did indicate that was a final report. Per the report it did state the resident was admitted.

2/26/2019 - Staff were retrained on the necessary information to place into a reportable incident as well as completing final reports when information comes after the initial required reporting time.

2/26/2019 and ongoing. Executive Director and Clinical managers will review reportable incidents to determine if and when a final reportable is needed and/or additional information needs provided/updated. Reportable incidents will continue to be review at monthly collaborative care review meetings and quarterly quality assurance meetings.

Evidence: Staff Training

Completion Date: 2/26/2019

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) Lennie C Boop, Senior Exec. Director Date 2/27/19

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

The above plan of correction is approved as of <u>5-8-19</u> (Date)	Plan of correction implementation status as of <u>5-8-19</u> (Date) <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
The above plan of correction was approved by <u>AG</u> (Initials)	

Violation Report: 22793 - 11/27/2018 - Palermo, Michael
PCH Name: BROOKDALE GRAYSON VIEW

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 sustained several falls with injuries between 02-18 and 08-18. A May fall resulted in an abrasion to the back; within days the resident was on narcotic pain medication due to pain in the back. The fall in June resulted in several cervical fractures. In July an order was received for PT and OT, however due to her cognitive impairment, learning new skills was severely impacted. The resident continued to be a fall risk. In 08-18 the resident fell and complained of neck pain. EMTs on the scene recommended transfer to the local hospital for evaluation and treatment. The POA refused, signed the refusal order from the EMTs and berated the resident for falling. The resident was not evaluated at the Emergency Room.

Resident # 1 began to evidence escalated exit seeking behaviors from the personal care section of the home and eloped twice from the building. The second time the home required 1:1 supervision by the family/private pay aides and the resident and designated person were served with a 30-day notice.

The home neglected, on several occasions, to secure the necessary supervision and services to prevent harm or increased risk to the resident.

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.

6/2018 to discharge- Resident was sent to the Emergency following a fall and then transferred to hospital step down unit. Per the family's request, we re-assessed resident and she was able to return to a personal care setting with PT and OT. The resident continued with in-house therapy/rehabilitation and was making adequate/good progress. Resident had reviews and interventions for falls in place as well as her plan of care was discussed with the management team at our monthly collaborative care review meetings.

9/2018 - Resident/family was notified that one on one supervision would need to be provided due to mental decline/elopement off of the property, until they were able to transfer to a secured dementia unit. Due to no available secured unit beds at the community, family chose to discharge the resident to another secured personal care home.

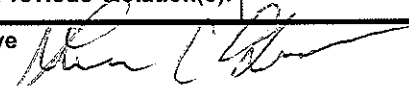
2/26/2019 – Clinical and management staff were trained by the Executive Director on the community policy regarding the need to ensure necessary services are provided and documented to prevent harm or increased risk to a resident.

2/26/2019 and ongoing. Executive Director and clinical managers will continue to review falls and residents with cognitive decline to determine if they are in the appropriate settings and are being provided with proper services or supervision. Residents will continue to be reviewed as needed, monthly at collaborative care review meetings and quarterly at quality assurance meetings. The Executive Director will verify if any further action is warranted.

Evidence: Staff Training

Completion Date: 2/26/2019

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) *Lennie C Boep, Senior Exec. Director* Date *2/27/19*

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Violation Report: 22793 - 11/27/2018 - Palermo, Michael
PCH Name: BROOKDALE GRAYSON VIEW

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

The Personal Service Plan (the home's approved RASP alternative), dated 5-10-18, was not updated to reflect the Cognitive/Psychosocial status over time to reflect the resident's declining cognitive functioning. The Behaviors Section was also not updated to reflect the resident's increasing exit seeking behavior and continued difficulty in redirecting the resident until the last episode of elopement on 9-15-18. The home failed to ensure that the resident's changing needs would be met and who would be accountable for meeting those 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.

Regulation 2600.227(d)

2/26/2019 – Clinical and management staff were trained on this regulations and the need to ensure necessary updates and support services are provided and documented.

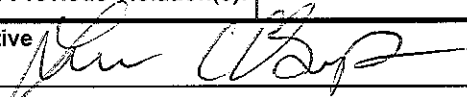
2/26/2019 and ongoing. Clinical associates will update RASP to reflect resident status changes as well as declining cognitive functioning.

2/26/2019 and ongoing. Executive Director and Clinical managers will continue to review falls and residents with cognitive decline to determine if they are in the appropriate settings and are being provided with proper services or supervision. Residents will continue to be reviewed as needed, monthly at collaborative care review meetings and quarterly at quality assurance meetings.

Evidence: Staff Training

Completion Date: 2/26/2019

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Lennie C Boop, Senior Exec. Director</u>	Date <u>2/27/19</u>
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