



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to EMERITUS CORPORATION
LEGAL ENTITY

To operate BROOKDALE HARRISBURG
NAME OF FACILITY OR AGENCY

Located at 3560 NORTH PROGRESS AVENUE, HARRISBURG, PA 17110
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 65
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 9, 2019 until January 9, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **316110**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 0 8 2019

Ms. Stacey Meyer
Assistant Secretary
Emeritus Corporation
6737 West Washington Street, Suite 230
Milwaukee, Wisconsin 53214

RE: Brookdale Harrisburg
3560 North Progress Avenue
Harrisburg, Pennsylvania 17110
Certificate #: 316110

Dear Ms. Meyer:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on December 17, 2018 and December 18, 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.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.


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.

Ms. Stacey Meyer

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". The signature is fluid and cursive, with the first letter of each name being capitalized and prominent.

Jacqueline L. Rowe
Director

Enclosure
License
Violation Report

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

PCH Name: BROOKDALE HARRISBURG		License Number: 31611
Address: 3560 NORTH PROGRESS AVENUE, HARRISBURG, PA 17110		County: Dauphin
Administrator: Patricia Jacobs		Region: CENTRAL
Legal Entity Name: EMERITUS CORPORATION		
Legal Entity Address: 6737 W WASHINGTON ST SUITE 230, MILWAUKEE, WI 53214		
Certificate(s) of Occupancy C-2 LP 11/20/1997 Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 67	Waking Staff: 50
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Provisional, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
12/17/2018: Heemer, Laura; OPake, Hope		
12/18/2018: Heemer, Laura; OPake, Hope		
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: 65 Number of Residents Served: 44 Secured Dementia Care Unit in Home: Yes Area: Clare Bridge Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 15 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 23 Have a Physical Disability: 0	

Violation Report: 31611 - 12/17/2018 - Heemer, Laura
 PCH Name: BROOKDALE HARRISBURG

1. REGULATION 55 Pa.Code §2600

2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION

On 11/26/2018 an allegation of abuse was made against staff person A regarding Resident 1. The home did not submit notice of supervision or suspension of staff person A to the Department until 12/18/2018.

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 5A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Patricia Jacobs*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Patricia Jacobs</i>	Date <i>1/4/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/7/19
 (Date)

The above plan of correction was approved by BAS
 (Initials)

Plan of correction implementation status as of 1/7/19
 (Date)

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

Violation Report: 31611 - 12/17/2018 - Heemer, Laura
 PCH Name: BROOKDALE HARRISBURG

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

An undated and unlabeled plastic container of pie was located in the refrigerator of the Resident's personal care kitchenette.

An undated and unlabeled container of eggs and beets was located in the Secure Dementia Unit dining room/kitchenette.

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 5B

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Patricia Jacobs*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Patricia Jacobs* Date *1/7/19*

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

The above plan of correction is approved as of <u>1/7/19</u> (Date)	Plan of correction implementation status as of <u>1/7/19</u> (Date)
The above plan of correction was approved by <u>BAS</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

Violation Report: 31611 - 12/17/2018 - Heemer, Laura

PCH Name: BROOKDALE HARRISBURG

1. REGULATION 55 Pa.Code §2600

2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

A .58 lb "Giant" brand paper package of raw chicken dated 11/27/2018 and a 2 lb container of "Stoneyfield Organic" Yogurt" dated 10/18/2018 were located in the Secure Dementia Unit dining room/kitchenette refrigerator.

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 Attaches

Pages 5B and 5C

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Patricia Jacobs

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Patricia Jacobs

Date

1/4/19

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The above plan of correction is approved as of 1/7/19
(Date)

Plan of correction implementation status as of 1/7/19
(Date)

The above plan of correction was approved by BAS
(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31611 - 12/17/2018 - Heemer, Laura
 PCH Name: BROOKDALE HARRISBURG

1. REGULATION 55 Pa.Code §2600

2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION

The most current support plan for Resident 2, dated 12/14/2018, does not document the home's plan to meet the care needs related to Resident 2's diagnoses of a pressure wound, the resident's need for body weight measurements each Monday/Wednesday/Fridays as related to the diagnosis of Heart Disease, and Resident 2's need for daily blood pressure measurements.

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 5C

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Patricia Jacobs*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Patricia Jacobs</i>	Date <i>1/4/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/7/19
 (Date)

Plan of correction implementation status as of 1/7/19
 (Date)

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

The above plan of correction was approved by BAS
 (Initials)

Brookdale Harrisburg

Plan of Correction

The following is the Plan of Correction for Brookdale Harrisburg regarding the Statement of Deficiency dated December 26, 2018 for the Full Inspection relating to provisional license on December 17 and 18, 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 2600.15(c)

See Attachment:

Immediately, Staff person A was suspended pending investigation following an allegation of abuse. The investigation was completed and determined to be unsubstantiated. Staff person A was returned to work at the community.

12/18/18- A plan of supervision was submitted to the Department.

12/31/18- Executive Director re-trained the clinical leaders on the community policy regarding submission of plans of supervision to the Department.

Ongoing- To assist with on-going compliance, the Executive Director will review relevant incident reports and any allegation complaints for three (3) months to verify if any further reporting or additional action is required.

Evidence: Attendance in-service sheet, training document

Completion Date: January 4, 2019

Regulation 2600.103(e)

See Attachment:

Immediately, Executive Director discarded the undated and unlabeled pie, eggs and beets.

12/31/18-Executive Director re-trained the management team regarding the community policy on storage and labeling of leftover food.

1/01/19 and ongoing- The Clare Bridge Program Coordinator or designee will review the contents of the refrigerator daily for proper storage of leftovers. An audit tool checklist will be used to document the daily refrigerator check and follow-up as necessary.

January 1, 2019- To assist with on-going compliance, the Executive Director or designee will review the results of these daily audits monthly for the next three (3) months to verify if any further action is warranted.

Evidence - Training Attendance document, training presentation, audit tool

Completion Date - January 5, 2019

Regulation 2600.103(i)

See Attachment:

Immediately, the outdated raw chicken and Stoney Field Yogurt were discarded by the Executive Director.

12/31/18-Executive Director re-trained the management team regarding the community policy on storage of outdated or spoiled food.

1/01/19 and ongoing- The Clare Bridge Program Coordinator or designee will review the contents of the refrigerator daily for outdated or spoiled food. An audit tool checklist will be used to document the daily refrigerator check and follow-up as indicated.

1/01/19- To assist with on-going compliance, the Executive Director or designee will review the results of these audits monthly for the next 3 months to verify if any further action is warranted.

Evidence – Training Attendance document, training presentation, audit tool

Completion Date– January 5, 2019 and ongoing

Regulation 2600.234(d)

See Attachment:

Immediately, the support plan was updated to more clearly document diagnosis for Resident #2 noted on the DME with corresponding orders for treatment relating to each specific diagnosis.

December 30, 2018- District Director Clinical Services re-trained the appropriate clinical staff on the community policy regarding update of the support plan with condition changes.

Ongoing-The physician orders and treatment plan information currently documented on the Medication Administration Record will also be added in the support plan to include weights, blood pressure and wound treatments protocols for Resident #2.

Ongoing- To assist with on-going compliance, the Health and Wellness Director or designee will review and update resident support plans following a change in condition relating to diagnosis according to community policy. Monthly, for three (3) month, the Health and Wellness Director or designee will randomly audit resident support plans with a change in condition for updates to the diagnosis.

Executive Director or designee will review results of the monthly audits to determine if any further action is required for the next three (3) months based on the findings to verify if any further action is warranted.

Evidence: Re-training attendance sheets, Updated information relating to diagnosis and treatment plan for Resident #2.

Completion Date: January 5, 2019

*The administrator, and/or Health and Wellness Director will complete an audit of all current Resident Assessments and Support Plans (RASPs) to ensure that an accurate assessment of the current needs and abilities of each resident and a description of how the needs of each resident will addressed by the home, has been documented. The audit and completion of any new RASPs shall be completed within 30 days from the receipt of this plan.

BAS 1/7/18