



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to EMERITUS CORPORATION
LEGAL ENTITY

To operate BROOKDALE GRANDON FARMS
NAME OF FACILITY OR AGENCY

Located at 1100 GRANDON WAY, MECHANICSBURG, PA 17055
(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 120
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 30

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 17, 2019 until January 17, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **316120**

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 17 2019

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'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.

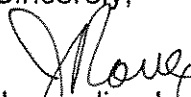
All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

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. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,


Jacqueline L. Rowe
Director

Enclosure
License
Violation Report

Violation Report: 31612 - 12/17/2018 - Springs, Israel
 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
 The staff task sheets for hallways 200 & 400 , which contain confidential information describing the care needs of the residents, were located in an unlocked top drawer of the kitchenette accessible to residents and visitors to the home.

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 10A

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/03/2018
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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)	Date
<i>Joseph D. ...</i>	1/10/19

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

The above plan of correction is approved as of <u>1/14/19</u> (Date)	Plan of correction implementation status as of <u>1/14/19</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: 31612 - 12/17/2018 - Springs, Israel
 PCH Name: BROOKDALE GRANDON FARMS

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.


2a. DESCRIPTION OF VIOLATION
 Gasburning PTAC units are in use in resident rooms 324, 510, and 232. These rooms do not contain a carbon monoxide detector as required by the Care Facility Carbon Monoxide Alarms Standards Act of 2016

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 10B

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)	Date
Jesse W. [unclear]	1/10/19

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Violation Report: 31612 - 12/17/2018 - Springs, Israel PCH Name: BROOKDALE GRANDON FARMS	
1. REGULATION 55 Pa.Code §2600 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following: <ol style="list-style-type: none"> (1) Medication self-administration training. (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. (3) Care for residents with dementia and cognitive impairments. (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration. (5) Personal care service needs of the resident. (6) Safe management techniques. (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home. 	
2a. DESCRIPTION OF VIOLATION Staff Member B did not receive training in "Infection control and general principles of cleanliness..." during training year 2017.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages) <i>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.</i> * Please See Attached Pages 10B and 10C	
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)	
Date	
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Violation Report: 31612 - 12/17/2018 - Springs, Israel
 PCH Name: BROOKDALE GRANDON FARMS

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff Member C did not receive training in "Fire safety..." and "Falls and accident prevention" during training year 2017.

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 10 C

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) Jesse Weston	Date 1/10/19
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/14/19
 (Date)

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

Plan of correction implementation status as of 1/14/19
 (Date)

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

Violation Report: 31612 - 12/17/2018 - Springs, Israel
 PCH Name: BROOKDALE GRANDON FARMS

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The duct above the stainless steel refrigerator in the kitchen is covered in grease and dust. The ceiling above the food prep area in the kitchen is stained with grease and grime.

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 10C and 10D

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)	Date
<i>Jeane Weiden</i>	<i>1/10/19</i>

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Violation Report: 31612 - 12/17/2018 - Springs, Israel
 PCH Name: BROOKDALE GRANDON FARMS

1. REGULATION 55 Pa.Code §2600
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION
 A Craftsman portable spaceheater was located in the home's mechanical room.

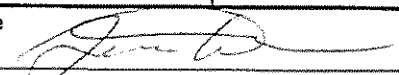
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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* Please See Attached

Page 10D

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)	Date
Jess Weidman	1/10/19

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

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 (Date)

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

Plan of correction implementation status as of 1/14/19
 (Date)

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

Violation Report: 31612 - 12/17/2018 - Springs, Israel
 PCH Name: BROOKDALE GRANDON FARMS

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

The home's designated smoking area contains a red upholstered chair that is not made of fire resistant material.

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 10E

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date <i>1/10/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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 (Date)

Plan of correction implementation status as of 1/14/19
 (Date)

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

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

Violation Report: 31612 - 12/17/2018 - Springs, Israel
 PCH Name: BROOKDALE GRANDON FARMS

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Staff Member D regularly provides transportation for the residents of the home alone, including transportation provided on 12/12/18. This staff member has not completed the direct care training required in 2600.65(d).


3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Page 10E

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jesse Weisman	1/10/19

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 (Initials)

Plan of correction implementation status as of 1/14/19
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31612 - 12/17/2018 - Springs, Israel
 PCH Name: BROOKDALE GRANDON FARMS

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The first aid kit located in the the home's bus does not contain eye coverings.

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 10F

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jesse Weidman</i>	Date <i>1/10/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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Brookdale Grandon Farms

Plan of Correction

The following is the Plan of Correction for Brookdale Grandon Farms regarding the Statement of Deficiency dated January 4, 2019 for the renewal survey on December 17, 2019 and December 19, 2018. This Plan of Correction 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 improvement to satisfy that objective.

Regulation 2600.17

Immediately, the Executive Director removed the task list from the drawer in the kitchenette.

December 19, 2018-Executive Director re-trained the management team on the community policy regarding confidentiality of Information.

January 9, 2019- Executive Director will re-train the appropriate staff on the community policy regarding Confidentiality at the monthly all-staff meeting.


Ongoing- Annual staff training in October will occur in accordance with the attached schedule and as indicated for all staff on the community policy regarding confidentiality and as indicated.

Ongoing - To assist with compliance, Resident Care Coordinator or designee will conduct weekly rounds for three months to identify compliance in securing of confidential documents.

The Health and Wellness Director or designee will review the audit results to verify if any further action is warranted for three months.

Evidence: training attendance sheet, audit tool for monitoring, annual training schedule

Completion Date: January 11, 2019

 1/10/19

Regulation 2600.18

Immediately-Maintenance Director replaced the missing Carbon Monoxide Detectors in rooms 324, 510 and 232.

December 20, 2018- Maintenance Director conducted an audit of all rooms with gas burning PTACH units requiring Carbon Monoxide Detectors and replaced them according to community policy.

January 8, 2019- Executive Director retrained the appropriate staff regarding the community policy on Care Facility Carbon Monoxide Alarms Act of 2016.

Ongoing- To assist with compliance, Maintenance Director or designee will perform a quarterly review of the community gas burning PTAC units to verify Carbon Monoxide Detectors are properly secured in place.

The Executive Director or designee will review the results of these audits to verify if any further action is warranted.

Evidence: training attendance sheet, pictures of CO detectors with associated room number

Completion Date: January 11, 2019

Regulation 2600.65 (f)

Staff Member B received infection control training for training year 2018 on 9/26/18.

December 19, 2018 - The Executive Director retrained the Business Office Manager and management team on the community policy regarding completion of annual staff trainings.

Ongoing- To assist with compliance, Business Office Manager or designee will conduct monthly audits, for six (6) months to verify all required trainings are completed for every

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1/10/19

associate. The department head for any associate identified to be out of compliance will be notified to develop a training completion plan.

Executive Director or designee will review audit results monthly for six (6) months to verify if any further action is warranted.

Evidence: training attendance sheet, annual training schedule, documentation of trainings for Staff Member B

Completion Date: January 11, 2018

Regulation 2600.65 (g)

Staff Member C received Fire Safety training for training year 2018 on 1/30/18.
Staff Member C received Fall / Accident Prevention training on January 9, 2019
Staff Member C is scheduled for additional Fire Safety training on 2/13/19.

December 19, 2018- The Executive Director retrained the Business Office Manager and management team on the community policy regarding completion of annual required staff trainings.

Ongoing- To assist with compliance, Business Office Manager or designee will conduct quarterly audits, for one (1) year, to verify all required trainings are completed for every associate. The department head of any associate identified out of compliance will be notified to develop a training completion plan.

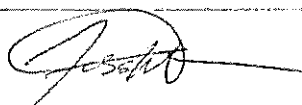
Executive Director or designee will review audit results to verify if any further action is warranted.

Evidence: training attendance sheet, annual training schedule, documentation of trainings for Staff Member C

Completion Date: January 11, 2019

Regulation 2600.88 (a)

Immediately, Dining Director wiped clean the identified areas in the kitchen.

 1/10/19

December 19, 2018 – Executive Director re-trained the appropriate staff regarding the community policy regarding ceilings, and other surfaces must be clean, in good repair and free of hazards.

January 24, 2019- Additional cleaning and painting is scheduled by Maintenance Director for kitchen ceilings on the overnight shift by the Maintenance Director or designee.

Ongoing to assist with compliance, quarterly cleanings will be scheduled for one (1) year for the ceiling areas in the kitchen by the Maintenance Director or designee.

Ongoing to assist with compliance, Dining Director or designee will conduct monthly audits, for six (6) months, to verify cleanliness is in accordance with the community policy.

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

Evidence: training attendance sheet, audit tool

Completion Date: December 31, 2019

Regulation 2600.127 (a)

Immediately, the Maintenance Director removed the space heater from the mechanical room in the community.


January 8, 2019- Executive Director re-trained the Maintenance Director regarding the community policy on prohibition of space heaters in the community.

Ongoing to assist with compliance, Maintenance Director or designee, for three (3) months, will conduct monthly environmental rounds in the mechanical room to verify there are no space heaters present.

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

Evidence: training attendance sheet

Completion Date: January 11, 2019

4
 1/10/19

Regulation 2600.144 (c)

Immediately, the red holstered chair was removed from the designated smoking area and discarded.

Immediately, all other furniture in the designated smoking area was assessed for flame retardant materials.

January 8, 2019- The Executive Director re-trained all managers in the community policy regarding safety around designated smoking areas.

Ongoing to assist with compliance, Maintenance Director or designee will conduct weekly environmental walkthroughs of smoking area looking for compliance with the community fire safety policy for three (3) months.

Executive Director or designee will review the results of the audit for three (3) months to verify if any further action is warranted.

Evidence: training attendance sheet, audit tool for monitoring.

Completion Date: January 11, 2019

Regulation 2600.171 (b) (4)

December 21, 2018- Staff Member D completed the direct care staff required training successfully.

January 3, 2019- All staff members who drive community vehicles have completed the direct care staff person training.

January 8, 2019- Executive Director re-trained Staff Member D on the community policy regarding transportation of residents.

To assist with ongoing compliance, Business Office Manager or designee will add direct care staff training to onboarding process for all new drivers.

Executive Director or designee will review new hire paperwork for drivers to verify if any further action is warranted.

Evidence: training attendance sheet, evidence of Staff Member D's completed training

Completion Date: January 8, 2019

J. Dir 1/10/19

Regulation 2600.171 (b) (5)

Immediately, the Health and Wellness Director replaced the missing eye covering/ goggles in the transport vehicle.

January 8, 2019- Executive Director re-trained the management staff on the community policy regarding First Aid kits.

Maintenance Director or designee will conduct monthly checks , for six (6) months, on the first aid kit in the vehicle to verify eye coverings are included and the kit is complete. A list of required contents list will be included in the first aid kit.

The Executive Director or designee will review the audit results for three (3) months to verify if any further action is warranted.

Evidence: training attendance sheet, audit tool for monitoring, contents list for first aid kit

Completion Date: January 11, 2019