



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: March 25, 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 February 1, 2019 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, appearing to read "M. Moskalczyk".

Michele Moskalczyk
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 03/04/2019 for incident follow-up inspection on 02/01/2019. 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 - 02/01/2019 - Deluca, Amy
 PCH Name: BROOKDALE GRAYSON VIEW

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on the evening of 11/15/2018. The resident was permitted to store medications in their room and to self-administer medications on 11/16/2018. The resident's Documentation of Medical Evaluation (DME) form dated 11/8/2018 indicates the resident cannot self-administer any medications.

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.

Immediately, 11/16/18- Resident #1's medications were removed from her room. Family was notified. Care staff started to administer medications.

2/2019 - An audit was completed of all DME's on self-medicating residents to ensure it indicated that they were able to self-medicate per the assessed physician, Physician's assistant or certified nurse practitioner. All residents noted on this audit were retested on their ability to self-medicate by designated clinical staff.

3/14/2019 and ongoing - Appropriate clinical staff were re-educated by the Clinical Specialist on the community policy regarding DME orders on ability to self-medicate corresponding to resident ability to self-medicate following review and documentation of their ability to perform this task.

3/14/2019 and ongoing. Clinical associates will continue to review the DME and conduct our in-house self-medicating reviews prior to all new admissions who want to self-administer when indicated. Self-medicating residents will receive a monthly in-house audit for 3 months then quarterly to verify they are in compliance with the community policy regarding self-medicating. Residents will continue to be reviewed as needed, monthly at collaborative care review meetings and quarterly at quality assurance meetings. The Health and Wellness Director will determine if any further action is warranted.

Evidence: Staff Training, Self-medication Audit
 Completion Date: 3/14/2019

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Leanne C. Boop, SED*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Leanne C. Boop, Senior Exec Director* Date *3-14-2019*

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

The above plan of correction is approved as of <u>3-15-19</u> (Date)	Plan of correction implementation status as of <u>3-15-19</u> (Date)
The above plan of correction was approved by <u>MM</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: 22793 - 02/01/2019 - Deluca, Amy
 PCH Name: BROOKDALE GRAYSON VIEW

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 The glucometers for residents #2 and #3 were not calibrated to the correct date or time.
 Resident #2 receives blood glucose monitoring 4 times per day and as needed. On 1/22/2019 the reading in the resident's glucometer was 128 but was recorded as 126. On 1/19/2019 the reading in the resident's glucometer was 142 but was recorded as 146.

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.

Immediately- all glucometers were recalibrated to reflect the correct date and time.

2/2019 - the same glucometer devices were purchased for all residents requiring glucose monitoring to provide ease in clinical staff usage of the meters.

2/2019 - Clinical staff were retrained on the community policy on use and documentation of glucose meters by the Clinical Specialist.

2/2019 - Clinical associates will audit glucometers and documentation to ensure proper usage as well as ensuring they are calibrated daily for 1 month then weekly thereafter. Audits will continue to be reviewed as needed, monthly at collaborative care review meetings and quarterly at quality assurance meetings. The Health and Wellness Director will determine if any further action is warranted.

Evidence: glucometer receipts, Staff Training, glucometer audits
Completion Date: 3/1/2019

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]* SED

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>[Handwritten Signature]</i> Senior Exec. Director	Date 3-14-2019
--	----------------

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

The above plan of correction is approved as of <u>3-15-19</u> (Date)	Plan of correction implementation status as of <u>3-15-19</u> (Date)
The above plan of correction was approved by <u>MM</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: 22793 - 02/01/2019 - Deluca, Amy
 PCH Name: BROOKDALE GRAYSON VIEW

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

During the 3rd shift on 1/27/2019 and 1/29/19 resident #4's medications were administered by a nurse hired from an outside agency to fill in. The resident's electronic Medication Administration Record (EMAR) indicates that staff person A initialed medications as administered at 8:00pm on 1/27/19 and 1/29/19. Staff did not include a note in the EMAR to indicate that an agency nurse had administered those medications.

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.

03/14/2019 - Appropriate clinical staff were trained by the Clinical Specialist on EMAR/paper documentation pertaining to outside agency nursing staff.

03/01/2019 - In the event that an outside nurse from agency is required to pass medication, Grayson View staff will add the paper MAR to the resident chart and make a documented note the agency nurse completed to refer to paper MAR.

3/2019 - In the event an agency nurse is utilized, clinical managers or designees will review paper MARs and EMARs to ensure documentation is accurate daily. Agency MAR documentation will be reviewed as needed, monthly at collaborative care review meetings and quarterly at quality assurance meetings. The Health and Wellness Director will determine if any further action is warranted.

Evidence: Staff Training
 Completion Date: 3/1/2019

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

Signature of Legal Entity Representative (Required on EVERY Page) *John Chop, SED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lennie C Boop, Senior Exec Director* Date *3-14-2019*

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

The above plan of correction is approved as of 3-15-19
 (Date)

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

Plan of correction implementation status as of 3-15-19
 (Date)

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

Violation Report: 22793 - 02/01/2019 - Deluca, Amy
 PCH Name: BROOKDALE GRAYSON VIEW

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 was allowed to self-administer medications on 11/16/2018, the day after the resident moved into the home. A Nursing note documented at 1:50pm on that day indicates the resident gave conflicting information about whether she was able to take her morning medications and then staff noticed at that time that all the resident's medications for that day were still in their packaging. A nursing note documented at 3:11pm indicated that the resident was found to be attempting to take a handful of medications. Staff removed all the resident's medications from her room at that time. Through staff interview it was determined that the home did not notify the resident's doctor that the resident did not take several medications scheduled to be taken at 8:00am on 11/16/2018.

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.

2/2019 - An audit was completed of all DME's of self-medicating residents to verify, if indicated, that they are able to self-medicate per the physician, Physician's assistant or certified nurse practitioner.

3/14/2019 and ongoing - Appropriate clinical staff were re-educated by the Health and Wellness Director on the community policy regarding notification of the physician of any missed medication doses.

3/14/2019 and ongoing. Clinical associates will continue to review the DME and conduct our in-house self-medicating evaluations monthly for 3 months and then quarterly thereafter. Self-medicating residents will receive a monthly self-medication review to verify they are in compliance with the community policy. In the event a medication omission happens, we will continue to report to the resident, resident's designated person and the prescriber. Medication errors will be reviewed as needed, monthly at collaborative care review meetings and quarterly at quality assurance meetings. The Executive Director will determine if any further action is warranted.

Evidence: Staff Training, Self-medication Audit
Completion Date: 3/14/2019

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lennie C Boop, SED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lennie C Boop Senior Exec. Director* Date *3.14.2019*

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

The above plan of correction is approved as of <u>3-15-19</u> (Date)	Plan of correction implementation status as of <u>3-15-19</u> (Date)
The above plan of correction was approved by <u>MM</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