



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

October 7, 2019

Ms. Anna Munoz  
Assistant Secretary  
Emeritus Corporation  
6737 West Washington Street, Suite 2300  
Milwaukee, Wisconsin 53214

RE: Brookdale Bloomsburg  
420 Shaffer Road  
Bloomsburg, Pennsylvania 17815  
License #: 211200

Dear Ms. Munoz:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 15, 2019 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](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 "Kevin Hancock".

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

**Name:** BROOKDALE BLOOMSBURG

**License Number:** 211200

**Address:** 420 SHAFFER ROAD, BLOOMSBURG, PA 17815

**County:** COLUMBIA

**Region:** NORTHEAST

## Administrator

**Name:** JULIE HEETER

**Phone:** 5703876868

**Email:** CSTRASBURG@BROOKDALE.COM

## Legal Entity

**Name:** EMERITUS CORPORATION

**Address:** 6737 W WASHINGTON ST SUITE 2300, MILWAUKEE, WI, 53214

## Certificate(s) of Occupancy

**Type:** C-2 LP

**Date:** 02/26/1997

**Issued By:** LABOR & INDUSTRY

## Staffing Hours

**Resident Support Staff:** 4

**Total Daily Staff:** 45

**Waking Staff:** 34

## Inspection

**Type:** Full

**BHA Docket #:**

**Notice:** Unannounced

**Reason:** Renewal

## Inspection Dates and Department Representative

05/15/2019 - On-Site: Gerald Dumas, Cybil Bomberger

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** 67

**Residents Served:** 37

### Secured Dementia Care Unit

**In Home:** No

**Area:**

**Capacity:**

**Residents Served:**

### Hospice

**Current Residents:** 0

### Number of Residents Who:

**Receive Supplemental Security Income:** 0

**Are 60 Years of Age or Older:** 37

**Diagnosed with Mental Illness:** 0

**Diagnosed with Intellectual Disability:** 1

**Have Mobility Need:** 4

**Have Physical Disability:** 1

18 - Compliance With Laws

Regulations

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The batteries for the 2 carbon monoxide detectors located in the hallway near the mechanical room and in the kitchen were both dated 12/1/17. This indicated the last time the batteries in both units were changed.

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 attachment

Legal Entity Representative

Signature *Julie L Heeter, ED*

Printed Name and Title *Julie L Heeter, Executive Director*

Date *8/15/19*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

8-19-19

(Date)

*AG*

The above plan of correction was approved by

(Initials)

Plan of correction implementation status as of

8-19-19

(Date)

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

## Brookdale Bloomsburg

### Plan of Correction

The following is the Plan of Correction for Brookdale Bloomsburg regarding the Statement of Deficiency dated August 6, 2019 for the annual renewal visit on May 15, 2019. 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 2600.18**

Immediately- The batteries in both carbon monoxide detectors were replaced by the Maintenance Manager. All carbon monoxide detectors met proper location and installation criteria. All detectors were fully operational at the time of this inspection.

Immediately all other carbon monoxide detectors in the community were audited and deemed to be functional by the Maintenance Manager.

May 15, 2019- The Maintenance Technician was retrained on the community policy regarding carbon monoxide detectors by the Executive Director. Once educated on PA law and the Enactment Act of 6/23/16, PL 357, No. 48, Cl. 35 by the inspector-

May 15, 2019-Administrator and Maintenance Manager changed all batteries in all detectors and dated them 5/15/19.

Going forward these detectors will continue to be inspected by the Maintenance Manager or designee every 3 months and the annual inspection will involve installation of new batteries so as not to exceed the 12 month limit.

Executive Director/Administrator will review the audits to verify if any further action is warranted.

**Evidence-** training attendance sheet

**Completion date-** July 1, 2019

8-19-19

85d - Trash Receptacles

Regulations

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The trash receptacle in the bathroom of resident room 41, was not covered with a lid.

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 attachment

Legal Entity Representative

*Julie Heeter, ED*  
Signature

*Julie L Heeter, Executive Director* 8/15/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8-19-19  
(Date)

Plan of correction implementation status as of 8-19-19  
(Date)

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

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

**Regulation 2600.85d-**

Immediately-Uncovered trash can was removed and replaced during the inspection. Resident room #41 has a couple residing in it and the trash was being removed once per shift or 3 times daily routinely and this will continue to be done as was prior to survey.

Immediately-The Maintenance Manager and Health and Wellness Coordinator completed an audit, during the inspection, to check that every resident apartment had the proper trash can.

June 12, 2019- Appropriate managers and staff were retrained by the Executive Director on this regulation during the monthly staff meeting.

Going forward-This audit will be conducted every 3 months x 2 by the Maintenance Manager or designee. The Executive Director will review the results of this audit to determine if any further action is warranted.

**Evidence-** Staff attendance log, picture of the trash can

**Completion date- July 1, 2019**