



Sent via e-mail [pjacobs2@Brookdale.com]

MAILING DATE: January 14, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on October 30, 2019 and November 18, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *BROOKDALE HARRISBURG*

License Number: *31611*

Address: *3560 NORTH PROGRESS AVENUE,, HARRISBURG, PA 17110*

County: *DAUPHIN*

Region: *CENTRAL*

Administrator

Name: *Patty Jacobs*

Phone: *7176714700*

Email: *pjacobs2@BROOKDALE.COM*

Legal Entity

Name: *EMERITUS CORPORATION*

Address: *6737 W WASHINGTON ST, SUITE 230, MILWAUKEE, WI, 53214*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *11/20/1997*

Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *69*

Waking Staff: *52*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal,Incident*

Inspection Dates and Department Representative

10/30/2019 - On-Site: Hope O'Pake, Doug Hoover

11/18/2019 - On-Site: Hope O'Pake, Doug Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65*

Residents Served: *46*

Secured Dementia Care Unit

In Home: *Yes*

Area: *SDCU*

Capacity: *24*

Residents Served: *18*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *46*

Diagnosed with Mental Illness: *3*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *23*

Have Physical Disability: *0*

Rec'd
12/13/19
GE

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

A copy of the Chapter 2600 regulations was not posted in a conspicuous and public place in the Secured Dementia Care Unit of the home.

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.)

See attached Page 2A of 4

Legal Entity Representative

Patricia Jacobs
Signature

Patricia Jacobs 12/12/19
Printed Name and Title Date

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

The above plan of correction is approved as of 1/13/20 Plan of correction implementation status as of 1/13/20
(Date) (Date)

Implemented

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

Not Implemented

Brookdale Harrisburg

Plan of Correction

The following is the Plan of Correction for Brookdale Harrisburg regarding the Statement of Deficiency dated December 5, 2019 for the Renewal Inspection on October 30, 2019 and November 18, 2019. This Plan of Correction is not to be as a 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 2600.3.c

Immediately:-A copy of the 2600 Regulations was posted outside the Secured Dementia Unit.


November 19, 2019- Management staff was re-trained by the Health and Wellness Director on the community policy regarding posting the regulations outside the Secure Dementia Unit.

The Executive Director or designee will audit weekly that the 2600 regulations are posted outside the Secure Dementia Unit weekly for 2 months..

The Executive Director will review the audit results to verify if any further action is warranted.

Evidence - Training Attendance Form

Completion Date - December 12, 2019


Executive Director

162c - Menus Posted

Regulations

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's weekly menus were not posted in the Secured Dementia Care Unit.

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.)

See attached Page 3A of 4

Legal Entity Representative

Patricia Jacobs
Signature

Patricia Jacobs
Printed Name and Title

12/12/19
Date

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(Date)

Plan of correction implementation status as of 1/13/20
(Date)

Implemented

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(Initials)

Not Implemented

Regulation 2600.162.c

Immediately, The Dining Director posted the current menu in the Secure Dementia Unit.

November 19, 2019- The Health and Wellness director re-trained the appropriate staff regarding the community policy on menu posting in the Secure Dementia Unit.

Ongoing- The Dining Director will audit weekly the posting of weekly menus in the secure Dementia Unit for 2 months.

The Executive Director will review the findings for compliance and determine if further action is required for the next 2 months. The ED will direct additional actions based on findings.

Evidence - Training Attendance Form

Completion Date - December 12, 2019 and ongoing

Patricia Jacobs
Executive Director

Regulation 2600.233 (c)

Immediately- the operation code for the door to the courtyard in the secure dementia was reposted.

The Health and Wellness Director retrained the appropriate staff as to the community policy on posting of exit codes in the secure dementia unit on November 19, 2019.

The Manager of the Memory Care Unit or designee will audit the signage at the exit doors monthly for 4 months to verify the signage is present.

The Executive Director will review the results of the audit to verify if any further action is warranted.

Evidence: Training attendance sheet

Completion Date- December 12, 2019

Patricia Jacobs
Executive Director.

233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism were not conspicuously posted near the keypad of the gate of the Secured Dementia Care Unit's outdoor courtyard.

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.)

See attached Page 3A of 4

Legal Entity Representative

Patricia Jacobs
Signature

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Printed Name and Title

12/12/19
Date

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