



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: lennie.boop@brookdale.com
MAILING DATE: June 1, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 31, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *BROOKDALE GRAYSON VIEW*

License Number: 22793

Address: *29 GRAYSON VIEW COURT, SELINGSGROVE, PA 17870*

County: *SNYDER*

Region: *NORTHEAST*

Administrator

Name: *Lennie Boop*

Phone: *5703742923*

Email: *lennie.boop@brookdale.com*

Legal Entity

Name: *EMERITUS CORPORATION*

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

Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *87*

Waking Staff: *67*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint, Incident*

Inspection Dates and Department Representative

03/31/2020 - Off-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *95*

Residents Served: *65*

Secured Dementia Care Unit

In Home: *Yes*

Area: *n/a*

Capacity: *16*

Residents Served: *15*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *65*

Diagnosed with Mental Illness: *7*

Diagnosed with Intellectual Disability: *7*

Have Mobility Need: *16*

Have Physical Disability: *0*

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 April 20, 2020 for incident follow-up off-site inspection on March 31, 2020. 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.

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 3/9/2020 staff person A smacked resident #1 in the face in order to rouse the resident while she was sleeping in a common area 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.)

3/11/2020 - Associate was placed on suspension pending an investigation. Administrator worked with Human Resources and AAA to investigate the incident.

3/27/2020 - Associate resigned her position in lieu of termination and no longer works in the community.

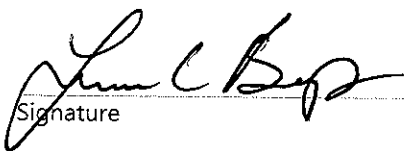
4/2020 - Administrator provided training to appropriate staff on treating residents with dignity and respect. Administrator also provided additional training on understanding resident rights.

4/2020 and ongoing - The Administrator and management team will continue to promote resident dignity at orientation, dementia training, annual trainings, during staff meetings and whenever indicated. The Administrator and management team will review any incidents at the quality assurance meetings to verify if any further action is warranted.

Evidence: Staff Training

Completion Date: 4/30/2020

Legal Entity Representative


Signature

Lennet C. Baup, Executive Director 5/4/2020
Printed Name and Title Date

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

The above plan of correction is approved as of 5-13-2020
(Date)

Plan of correction implementation status as of 5-13-2020
(Date)

Implemented

Not Implemented

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