



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: May 27, 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, (Department) review on April 23, 2020 of the above facility, we have determined that your submitted plan of correction is accepted and fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *BROOKDALE HARRISBURG*
 Address: *3560 NORTH PROGRESS AVENUE, HARRISBURG, PA 17110*
 County: *DAUPHIN* Region: *CENTRAL*

License Number: *31611*

Administrator

Name: *Patricia Jacobs* Phone: *7176714700* Email:

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: Total Daily Staff: *65* Waking Staff: *49*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
 Reason: *Complaint*

Inspection Dates and Department Representative

- 04/23/2020 - Off-Site: Laura Heemer*
- 04/27/2020 - Off-Site: Laura Heemer*
- 04/28/2020 - Off-Site: Laura Heemer*
- 04/29/2020 - Off-Site: Laura Heemer*
- 05/06/2020 - Off-Site: Laura Heemer*
- 05/11/2020 - Off-Site: Laura Heemer*
- 05/12/2020 - Off-Site: Laura Heemer*

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* Residents Served: *45*

Secured Dementia Care Unit

In Home: *Yes* Area: *Clare Bridge* Capacity: *24* Residents Served: *16*

Hospice

Current Residents: *0*

BROOKDALE HARRISBURG

31611

Resident Demographic Data as of Inspection Dates (continued)

Number of Residents Who:

Receive Supplemental Security Income: 0

Diagnosed with Mental Illness: 3

Have Mobility Need: 20

Are 60 Years of Age or Older: 47

Diagnosed with Intellectual Disability: 0

Have Physical Disability: 0

BROOKDALE HARRISBURG

31611

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On or about 3/7/2020, the home was made aware of a report alleging the possible sexual abuse of Resident #1. The home did not immediately report the suspected abuse in accordance with the Older Adult Protective Services Act.

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.)

Refer to Page 5A

Legal Entry Representative


Signature

Patricia Jacobs Executive Director 5/22/20
Printed Name and Title Date

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

The above plan of correction is approved as of 5/27/2020 (Date) Plan of correction implementation status as of 5/27/2020 (Date)

Implemented
 Not Implemented

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

BROOKDALE HARRISBURG

31611

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On or about 3/7/2020, the home was made aware of suspected sexual abuse of Resident #1. This allegation was not reported to the Department.

On 4/13/2020 Resident #2 had a fall that required Resident #2 be treated at the hospital for a hip fracture. The home did not report this incident to the Department until 5/1/2020.

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.)

Refer to Pages 5A and 5B

Legal Entity Representative

Patricia Jacobs
Signature

Patricia Jacobs Executive Director 5/22/20
Printed Name and Title Date

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Implemented

Not Implemented

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

BROOKDALE HARRISBURG

44d - Complaint Investigation

Regulations

2600.

44.d. The home shall ensure investigation and resolution of complaints. The home shall designate the staff person responsible for receiving complaints and determining the outcome of the complaint.

Description of Violation

On 4/19/2020, a visitor of Resident #1's contacted staff to respond to Resident #1 after a fall. The visitor expressed concerns about a staff member's lack of proper care that may have contributed to the fall and was provided a contact number for a Staff Member A who could take the complaint. The visitor placed a call to this Staff Member A and left a message on the staff person's voicemail. The visitor's call was not returned. The home did not implement adequate measures to ensure the investigation and resolution of the complaint,

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.)

Refer to Page 5B

Legal Entity Representative

Patricia Jacobs
Signature

Patricia Jacobs Executive Director 5/22/20
Printed Name and Title Date

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Implemented
 Not Implemented

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

Brookdale Harrisburg

The following is the Plan of Correction for Brookdale Harrisburg in regard to the Statement of Deficiency dated May 13, 2020 for complaint/ incident inspection on April 23, 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

Regulation 2600.15.a

Immediately- On notification of the allegation, an investigation of the suspected abuse was conducted by the Health and Wellness Director. Resident #1 resides in the Secure Dementia Unit with a diagnosis of dementia. The resident was questioned about the allegation on 3 separate occasions, giving a different course of events every time. The action taken by the community, with the support of the son, was to discontinue immediately any care by a male care giver for Resident #1. This has been included in the resident RASP/Support Plan.

A report was submitted to the Older Adult Protective services May 20, 2020. The allegation of sexual abuse was determined to be unsubstantiated.

May 20, 2020- All management team members were retrained on the reporting process for Allegations of Abuse to Older Adult Protective Services by the Executive Director. {

The Executive Director will review all reports of complaints for the next 3 months to verify if any further action is required.

Evidence- PowerPoint Presentation, Reportable and Mandatory Abuse Report submitted, management training attendance sheet

Completion Date- May 21, 2020

Regulation 260.16.c

May 7, 2020- Incident involving Resident #2 was reported to the Department May 7, 2020.

Handwritten signature and date: [Signature] 5/22/20

May 20, 2020- All management team members were retrained by the Executive Director on the reporting process for timely submissions of incidents to the Department's personal care home regional office. A report was submitted regarding Resident #1 to the Department on May 20, 2020.

The Executive Director will review all reports of complaints or incidents for the next 3 months to verify if any further action is required.

Evidence- PowerPoint Presentation, Reportable Incidents submitted, management training attendance sheet

Completion Date- May 21, 2020

Regulation 44.d

April 19, 2020- The assigned care giver wheeled Resident #1 to the window of her room so she could see her son outside. In order to give Resident #1 privacy, the staff member left the room. The resident slipped out of the wheelchair as she was leaning toward the window to see her son. The care giver assisted the resident back in the wheelchair as soon as she saw the resident had fallen and was assessed to have no injury. Resident #1's son called the community later and asked to speak to someone since he had a complaint. He was put through to the Health and Wellness Director's direct phone who was out of the community at the time. He left a voicemail. The son was upset no one called him back for 2 days. The complaint was not communicated to any of the managers in the community.

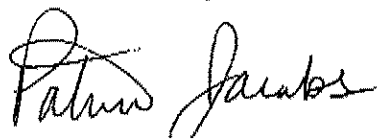
Immediately- After being made aware by of the complaint, an investigation was completed by the Health and Wellness Director.

May 20, 2020 –All appropriate associates were in-serviced by the Executive Director on the community policy regarding Handling of Complaints. It was also included as part of the training that any staff member can take information regarding a complaint and communicate it appropriately. The importance of follow-up with the person lodging the complaint was also reviewed.

The Executive Director will review all reports of complaints or incidents for the next 3 months to verify if any further action is required.

Evidence- training attendance sheet

Completion Date- May 21, 2020

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5/22/20