

Department of Human Services  
Bureau of Human Service Licensing

October 5, 2022

[REDACTED]  
EMERITUS CORPORATION  
[REDACTED]  
[REDACTED]

RE: BROOKDALE GRAYSON VIEW  
29 GRAYSON VIEW COURT  
SELINGROVE, PA, 17870  
LICENSE/COC#: 22793

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/23/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Anne Graziano

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *BROOKDALE GRAYSON VIEW* License #: *22793* License Expiration: *07/02/2022*  
Address: *29 GRAYSON VIEW COURT, SELINSGROVE, PA 17870*  
County: *SNYDER* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: *5703742923* Email: [REDACTED]

**Legal Entity**

Name: *EMERITUS CORPORATION*  
Address: *6737 W. WASHINGTON STREET, SUITE 2300, MILWAUKEE, WI, 53214*  
Phone: *5703742923* Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *14* Total Daily Staff: *63* Waking Staff: *47*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *03/23/2022*

**Inspection Dates and Department Representative**

03/23/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *95* Residents Served: *35*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *n/a* Capacity: *16* Residents Served: *14*

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *35*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *14* Have Physical Disability: *0*

**Inspections / Reviews**

**03/23/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/23/2022*

Inspections / Reviews (*continued*)

05/11/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/18/2022*

10/05/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 42b - Abuse

## 1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On [REDACTED] at approximately 5:30pm, Resident #1 wandered into Resident #2's bedroom in the home's secured dementia unit. Resident #2 asked Resident #1 to leave their bedroom. Resident #1 pushed Resident #2 to the ground, resulting in Resident #2's right humerus being fractured.

Per interviews, Resident #4 kissed Resident #3 in their breast area, over their shirt on multiple occasions. Resident #3 could not specify dates when this occurred. Resident #3 stated they did not consent to these encounters.

**Plan of Correction****Accept**

The following is the Plan of Correction for Brookdale Grayson View in regard to the Statement of Deficiency dated 04/13/2022 for incident follow-up inspection on 03/23/2022. 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 2600.42(b)

Immediately, 3/12/2022 – Resident # 1 was redirected out of Resident #2's room by care staff. Resident #1 was placed on 15 minute checks.

3/12/2022 – Incident reported to protective services and the Area Agency on Aging. Department of Human Services (DHS) and a reportable incident was submitted for the first incident.

3/7/2022 - DHS reportable was submitted and Area Agency on Aging was notified for second incident referenced with resident #3 and #4..

3/7/2022 - Resident #3 and #4 in Personal Care were instructed to maintain a distance from each other.

[REDACTED] - Resident #4 was taken home by [REDACTED] family and no longer resides in the community.

3/29/2022- Resident #4 was issued a 30 day discharge notice.

[REDACTED] - Resident #1 was discharged and is no longer in the community.

4/21/2022 – Appropriate staff were retrained by the Executive Director on this regulation and the community policy of keeping residents safe.

The Executive Director will continue to review incidents to verify no further action is warranted.

Evidence: Mandatory Abuse reporting incident forms for both incidents. Updated support plans/RASPs for residents #3 and #4, 30 day discharge notice for resident #4, staff training attendance form.

**Completion Date:** 04/21/2022

**Update:** 05/11/2022

The Adm will note that 30 day notices were submitted in Step 1 of the process, AG.

The Home affirms they have a zero tolerance for abuse of residents.

**42b - Abuse (continued)**

*The home will send in updated behavioral sections to the RASP or addendums for the APs while still in the home for this incident as evidence of compliance.*

*Adm will note that training verification was provided in step 1. AG*

*AG, 5-11-22*

**Document Submission****Implemented**

*The Adm will note that 30 day notices were submitted in Step 1 of the process, AG.*

*The Home affirms they have a zero tolerance for abuse of residents.*

*The home will send in updated behavioral sections to the RASP or addendums for the APs while still in the home for this incident as evidence of compliance.*

*Adm will note that training verification was provided in step 1. AG*

*AG, 5-11-22*

**141a 1-10 Medical Evaluation Information****1. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

*Resident #3's medical evaluation, dated [REDACTED], does not include the resident's level of "cognitive functioning."*

**Plan of Correction****Accept**

*The following is the Plan of Correction for Brookdale Grayson View in regard to the Statement of Deficiency dated 04/13/2022 for incident follow-up inspection on 03/23/2022. 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.*

141a 1-10 Medical Evaluation Information (continued)

Regulation 2600.141(a)

Immediately- medical evaluation for resident #3 was sent to the physician for correction. The missing information was added regarding cognitive function level.

4/20/2022 - An audit was conducted by the Health and Wellness Director and Health and Wellness Coordinator on current resident's medical evaluations to verify completion of required information. Any issues identified have been corrected.

3/23/2022 and ongoing- medical evaluations for residents will be reviewed for completion upon receipt for both admissions and current residents according to community policy.

Ongoing - An audit of medical evaluations will be conducted 3 times at quarterly intervals by the Health and Wellness Coordinator or designee. These results will be reviewed at the quarterly quality assurance meetings.

4/21/2022 – Appropriate staff were retrained by the Executive Director on the community policy regarding complete medical evaluations.

The Health and Wellness Director will review results of audits to determine if any further action is warranted

Evidence: Corrected medical evaluation for resident #3, medical evaluation audit results, Staff training form.

Completion Date: 04/21/2022

Document Submission

Implemented

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

On [redacted], Resident #1 pushed Resident #2 to the ground, resulting in significant injury to Resident #2. This incident and the home's follow-up actions were not documented in Resident #2's assessment and support plan (RASP), dated [redacted].

Resident #3 stated that Resident #4 kissed their breast area, over their shirt, on multiple occasions. Resident #3 stated that they did not consent to these encounters. Resident #3's RASP, dated [redacted], and Resident #4's RASP, dated [redacted] were not updated to reflect these encounters and the home's follow-up actions.

Plan of Correction

Accept

The following is the Plan of Correction for Brookdale Grayson View in regard to the Statement of Deficiency dated 04/13/2022 for incident follow-up inspection on 03/23/2022. 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.

227d - Support Plan Medical/Dental (continued)

Regulation 2600.227(d)

██████████ - Documentation was updated in both resident's support plans.

4/20/2022 - An audit was conducted by the Health and Wellness Director and Health and Wellness Coordinator of current residents support plans with focus on those with behavioral encounters. Nothing was identified.

4/21/2022 – Appropriate staff were retrained by the Executive Director on the community policy regarding timely documentation on the support plans.

██████████ and ongoing - Resident assessments and support plans will be updated as incidents occur and will be reviewed with each resident's re-assessment/change for accuracy of the plan.

The Health and Wellness Director will review results of audits to determine if any further action is warranted.

Evidence: Updated assessment and support plans for resident #2, resident #3 and resident #4, training form.

**Completion Date:** 04/21/2022

**Update:** 05/11/2022

Adm will note that verifications were submitted in Step 1 of the process, AG, 5-11-22

**Document Submission**

***Implemented***

Adm will note that verifications were submitted in Step 1 of the process, AG, 5-11-22