

Department of Human Services
Bureau of Human Service Licensing

July 19, 2022

[REDACTED]

EMERITUS CORPORATION

[REDACTED]

RE: BROOKDALE HARRISBURG
3560 NORTH PROGRESS AVENUE
HARRISBURG, PA, 17110
LICENSE/COC#: 31611

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/18/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Alex Shambach
ashambach@pa.gov

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *BROOKDALE HARRISBURG* License #: *31611* License Expiration: *01/09/2023*
Address: *3560 NORTH PROGRESS AVENUE, HARRISBURG, PA 17110*
County: *DAUPHIN* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *7176714700* Email: [REDACTED]

Legal Entity

Name: *EMERITUS CORPORATION*
Address: *6737 W WASHINGTON ST, SUITE 230, MILWAUKEE, WI, 53214*
Phone: *7176714700* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/20/1997* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *05/18/2022*

Inspection Dates and Department Representative

05/18/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* Residents Served: *35*

Secured Dementia Care Unit

In Home: *Yes* Area: *Clare Bridge* Capacity: *24* Residents Served: *13*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *35*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *13* Have Physical Disability: *0*

Inspections / Reviews

05/18/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/02/2022*

06/10/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/17/2022*

07/01/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/11/2022*

07/19/2022 - 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 5/14/222 at 10:00pm, Staff Member A and Staff Member B entered Resident A's room to prepare the resident for bed. Resident A was taken to the bathroom to get changed into pajamas. Resident A was said to have given Staff Member A and Staff Member B a difficult time when removing Resident A's pants and pulling up Resident A's' briefs. Staff Member B indicated witnessing Staff Member A aggressively pulling Resident A's pants down and ripping Resident A's shirt off [redacted] body. Staff Member B indicated to Staff Member A that Resident A sometimes does not like to take off [redacted] shirt at night. Staff member B indicated that Staff Member A stated in an aggressive voice that Resident A would be removing the shirt and began pulling and ripping the Resident A's shirt off. Resident A began screaming and crouched down because the resident did not want to be touched by Staff Member A.

Plan of Correction

Accept

May 15, 2022 upon notification of this incident, Executive Director and Health and Wellness Director completed the required reports and faxed to both DHSR and Area Office on Aging. Staff member A was suspended pending investigation.

May 18, 2022- Appropriate staff were retrained by the Area on Aging on the community policy regarding residents/associates reporting timely abuse or neglect allegations.

May 19, 2022 - Staff member A is no longer an employee at the community.

Going forward May 19, 2022- The Executive Director or designee will continue associate abuse training in orientation, annually and when determined necessary.

Effective 5/19/22, Executive Director or designee will continue to review resident incidents as they occur as well as those residents with cognitive or medical decline to determine if they are in the appropriate setting and that the home can provide required services and or supervision.

Effective 5/19/22, resident's care needs will continue to be reviewed at monthly team collaborative care review meetings, quality assurance meetings and when otherwise indicated.

The Executive Director will review the results of these meetings and verify if any further action is warranted.

Evidence: In-service attendance sheet.

Completion Date: 06/17/2022

Document Submission

Implemented

May 15, 2022 upon notification of this incident, Executive Director and Health and Wellness Director completed the required reports and faxed to both DHSR and Area Office on Aging. Staff member A was suspended pending investigation.

May 18, 2022- Appropriate staff were retrained by the Area on Aging on the community policy regarding residents/associates reporting timely abuse or neglect allegations.

May 19, 2022 - Staff member A is no longer an employee at the community.

Going forward May 19, 2022- The Executive Director or designee will continue associate abuse training in orientation, annually and when determined necessary.

42b - Abuse (continued)

Effective 5/19/22, Executive Director or designee will continue to review resident incidents as they occur as well as those residents with cognitive or medical decline to determine if they are in the appropriate setting and that the home can provide required services and or supervision.

Effective 5/19/22, resident's care needs will continue to be reviewed at monthly team collaborative care review meetings, quality assurance meetings and when otherwise indicated.

The Executive Director will review the results of these meetings and verify if any further action is warranted.

Evidence: In-service attendance sheet.

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct Care Staff Member A hired 12/28/2015 does not have a valid high school diploma or GED equivalent.

Plan of Correction

Accept

May 18, 2022, Executive Director and Associate Executive Director completed an audit of current associate files for High School diploma compliance.

May 19, 2022- Appropriate management staff were retrained by the Executive Director on the community policy regarding associates providing their GED document or waiver for their non US high school diploma prior to or on the 1st day of work.

Going forward May 19, 2022- The Associate Executive Director or designee will audit associate new hire files to ensure US high school diplomas are received in accordance with the community policy monthly for 3 months.

To assist with ongoing compliance, the Executive Director or designee, will review audit results for the next 3 months to verify compliance.

Evidence: In-service attendance sheet

Completion Date: 06/17/2022

Document Submission

Implemented

May 18, 2022, Executive Director and Associate Executive Director completed an audit of current associate files for High School diploma compliance.

May 19, 2022- Appropriate management staff were retrained by the Executive Director on the community policy regarding associates providing their GED document or waiver for their non US high school diploma prior to or on the 1st day of work.

Going forward May 19, 2022- The Associate Executive Director or designee will audit associate new hire files to ensure US high school diplomas are received in accordance with the community policy monthly for 3 months.

To assist with ongoing compliance, the Executive Director or designee, will review audit results for the next 3 months to verify compliance.

Evidence: In-service attendance sheet

91 - Telephone Numbers

1. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

Resident A's Room 200 was reviewed in Clare Bridge (Memory Care), Emergency Telephone Numbers were not found posted near a working telephone or anywhere in Resident A's Room.

Plan of Correction

Accept

May 19, 2022, Executive Director and Associate Executive Director completed an audit of current resident apartments for posted emergency numbers. Any missing emergency number listings in apartments were replaced.

May 19, 2022- Appropriate management staff were retrained by the Executive Director on the community policy regarding emergency number posting for immediate access be posted where there is a phone with an outside line.

Going forward May 19, 2022- The Maintenance Technician or designee will audit resident and hallway phones to verify emergency numbers are posted in accordance with community policy monthly for 3 months.

To assist with ongoing compliance, the Executive Director or designee, will review audit results for the next 3 months to verify compliance.

Evidence: In-service attendance sheet

Completion Date: 06/17/2022

Document Submission

Implemented

May 19, 2022, Executive Director and Associate Executive Director completed an audit of current resident apartments for posted emergency numbers. Any missing emergency number listings in apartments were replaced.

May 19, 2022- Appropriate management staff were retrained by the Executive Director on the community policy regarding emergency number posting for immediate access be posted where there is a phone with an outside line.

Going forward May 19, 2022- The Maintenance Technician or designee will audit resident and hallway phones to verify emergency numbers are posted in accordance with community policy monthly for 3 months.

To assist with ongoing compliance, the Executive Director or designee, will review audit results for the next 3 months to verify compliance.

Evidence: In-service attendance sheet

187a - Medication Record

1. Requirements

2600.

- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
 - 9. Administration times.

Description of Violation

Resident A is prescribed Glipizide Tablet 10MG 1 tablet taken by mouth twice daily for a Type 2 Diabetes diagnosis. However, Resident A's Medication Administration Record does not indicate the medication was given on 5/15/22 at 06:00am

Plan of Correction

Accept

May 19, 2022, Executive Director and Health and Wellness Director completed an audit of current resident

187a - Medication Record (continued)

Medication Administration Records (MARs) for medication administration for documentation compliance.
 May 19, 2022- Appropriate clinical staff were retrained by the Health and Wellness Director on the community policy regarding documentation of medication administration which included refusal of medications.
 Going forward May 19, 2022- The Health and Wellness Coordinator or designee will audit MARs weekly to verify medications are recorded in accordance with the community policy for 3 months.
 To assist with ongoing compliance, the Health and Wellness Director or designee, will review audit results for the next 3 months to verify compliance.
 Evidence: In-service attendance sheet
 Completion Date: 06/17/2022

Document Submission	Implemented
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May 19, 2022, Executive Director and Health and Wellness Director completed an audit of current resident Medication Administration Records (MARs) for medication administration for documentation compliance.
 June 1, 2022- Appropriate clinical staff were retrained by the Executive Director on the community policy regarding documentation of medication administration which included refusal of medications.
 Going forward May 19, 2022- The Health and Wellness Coordinator or designee will audit MARs weekly to verify medications are recorded in accordance with the community policy for 3 months.
 To assist with ongoing compliance, the Health and Wellness Director or designee, will review audit results for the next 3 months to verify compliance.
 Evidence: In-service attendance sheet

254a - Records Discharge/Active

1. Requirements

- 2600.
- 254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 5/18/22 at 9:16am the door to the wellness office which contains resident records was observed to be completely opened, unattended and accessible.

The Medication Cart observed outside of the wellness office was unattended, contained two binders on top of the cart; one included, residents names, narcotic counts, and medication label information (Controlled Drug Records) and the other labeled Shift Report which also contained resident information. Staff Member D, who arrived at approximated 9:21am, reviewed and confirmed contents of both binders.

Plan of Correction	Accept
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May 19, 2022, Executive Director and Health and Wellness Director completed an inspection of the medication cart and wellness office to secure any exposed resident documents for compliance. The door to the wellness office was closed/locked and unsecured binders were placed in the medication cart.
 May 19, 2022- Appropriate management and clinical staff were retrained by the Executive Director on the community policy regarding confidentiality of resident information and the importance of keeping resident information in a secured environment.
 Going forward May 19, 2022- The Health and Coordinator or designee will complete inspections to verify resident and associate files/information is secure in accordance with the community policy weekly for 3 months.

254a - Records Discharge/Active (continued)

To assist with ongoing compliance, the Health and Wellness Director or designee, will review audit results for the next 3 months to verify compliance.

Evidence: In-service attendance sheet

Completion Date: 06/17/2022

Document Submission

Implemented

May 19, 2022, Executive Director and Health and Wellness Director completed an inspection of the medication cart and wellness office to secure any exposed resident documents for compliance. The door to the wellness office was closed/locked and unsecured binders were placed in the medication cart.

May 19, 2022- Appropriate management and clinical staff were retrained by the Executive Director on the community policy regarding confidentiality of resident information and the importance of keeping resident information in a secured environment.

Going forward May 19, 2022- The Health and Coordinator or designee will complete inspections to verify resident and associate files/information is secure in accordance with the community policy weekly for 3 months.

To assist with ongoing compliance, the Health and Wellness Director or designee, will review audit results for the next 3 months to verify compliance.

Evidence: In-service attendance sheet

15a - Resident Abuse Report

1. Requirements

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

Staff Member B did not immediately report suspected abuse. Incident allegedly perpetrated by Staff member A on 5/14/22 at 10:00pm, who aggressively handled Resident A by pulling residents pants down and ripping Resident A's shirt off her body. Staff Member B who witnessed the incident reported the incident to Staff Member C the following day, 5/15/2022 at approximately 2:30pm.

Staff Member C faxed the completed Incident Reporting Form to DHS on 5/15/2022 at 5:24pm. The Mandatory Abuse Reporting Form was faxed to Dauphin County Area of Aging Sunday, 5/15/2022 at 5:28pm, no oral follow-up call was made to Dauphin County Area of aging as indicated on the form and verbally by Staff Member C.

Repeat Violation - 4/3/2020, 2/15/2022

Plan of Correction

Accept

May 18, 2022, Executive Director and Health and Wellness Director completed a call to report the abuse allegation to the number provided.

15a - Resident Abuse Report (continued)

May 18, 2022- Appropriate management staff were retrained by the Area on Aging on the community policy regarding residents/associates reporting abuse at the community to include the verbal notification in addition to the written report.

Staff member A is no longer employed by the community.

Going forward May 18, 2022- The Executive Director or designee will continue associate abuse and neglect reporting trainings in orientation, annually and additionally when indicated.

To assist with ongoing compliance, the Executive Director or designee, will review incident reports for the next 3 months to verify compliance.

Evidence: In-service attendance sheet

Completion Date: 06/17/2022

Document Submission

Implemented

May 18, 2022, Executive Director and Health and Wellness Director completed a call to report the abuse allegation to the number provided.

May 18, 2022- Appropriate management staff were retrained by the Area on Aging on the community policy regarding residents/associates reporting abuse at the community to include the verbal notification in addition to the written report.

Staff member A is no longer employed by the community.

Going forward May 18, 2022- The Executive Director or designee will continue associate abuse and neglect reporting trainings in orientation, annually and additionally when indicated.

To assist with ongoing compliance, the Executive Director or designee, will review incident reports for the next 3 months to verify compliance.

Evidence: In-service attendance sheet