

Department of Human Services  
Bureau of Human Service Licensing

November 2, 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 07/26/2022, 07/27/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *BROOKDALE GRAYSON VIEW* License #: *22793* License Expiration: *07/02/2023*  
Address: *29 GRAYSON VIEW COURT, SELINGROVE, PA 17870*  
County: *SNYDER* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *EMERITUS CORPORATION*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *01/19/2000* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *61* Working Staff: *46*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *07/27/2022*

**Inspection Dates and Department Representative**

07/26/2022 - On-Site: [REDACTED]  
07/27/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *95* Residents Served: *48*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Secured unit* Capacity: *24* Residents Served: *13*

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *13* Have Physical Disability: *0*

Inspections / Reviews

07/26/2022 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow Up Date: *08/22/2022*

09/30/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: *10/04/2022*

Reviewer: [REDACTED]

Follow Up Type: *Document Submission* Follow Up Date: *10/07/2022*

11/02/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: *10/04/2022*

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 63a - First Aid/CPR Training

**1. Requirements**

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**Description of Violation**

*The home currently serves 48 residents. The home did not have one staff person present in the building who is currently certified in first aid, obstructed airway techniques and CPR on the following dates and times:*

- 7/15/22 from 3:00pm until midnight;
- 7/16/22 from 12:01am until midnight;
- 7/17/22 from 12:01am until midnight

**POC Submission**

Accept (█) - 09/30/2022)

*The following is the Plan of Correction for Brookdale Grayson View in regard to the Statement of Deficiency dated August 12, 2022 for full renewal survey inspection on 07/26/2022 and 07/27/2022. 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 2600.63(a)*

*Immediately – online, electronic training provider was discontinued and return to the state approved training was put into effect.*

*\*Note that staff working the above shifts were trained on First Aid / CPR/Obstructed Airway but on an electronic, online version of the CPR training used by this home during COVID. This training was documented as having applied the same standards followed by the latest American Heart Association requirements and was approved by the licensing representative during 2021 annual inspection.*

*7/27/2022 – Executive Director set up First Aid / CPR / Obstructed Airway trainings to certify and re-certify appropriate staff.*

*8/1/2022 to 8/24/2022 – Appropriate staff will be recertified in a live on-site training session by an instructor through the Red Cross. New staff will be trained on the state approved training.*

*Ongoing – Appropriate staff receiving First aid / CPR/ obstructed airway training will have it conducted at live trainings. Clinical scheduler will randomly review schedules for 3 months to verify appropriate certified staff are scheduled in the home according to community policy. The Executive Director will review results of audits to determine if any further action is warranted.*

*Evidence: Record of Training and staff CPR/First Aid certification cards, documentation regarding validity of the CPR course approved by the American Heart Association*

63a - First Aid/CPR Training (continued)

Licensee's Proposed Overall Completion Date: 08/24/2022

Implemented (AG - 10/24/2022)

181c - Self-administration Assessment

3. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #1 is not assessed to self-administer medications, per their medical evaluation dated [redacted]/22. There was a container of [redacted] located in Resident #1's bathroom cabinet at time of inspection.

POC Submission

Accept [redacted] - 09/30/2022)

Regulation 2600.181(c)

Immediately – The medication was immediately removed from the resident's room.

8/9/2022 and 8/11/2022 – Appropriate clinical staff were retrained on the community policy regarding self-administration of medications. Resident #1 was educated on the community policy regarding storage of over the counter medications in her room.

8/22/2022 – An Audit was conducted by the Health and Wellness Coordinator and Health and Wellness Director of resident rooms to check for medications that do not meet the community policy. Medications were discontinued or orders were obtained for any medications found out of compliance.

8/24/2022 –Letter from the Executive Director is being sent to residents and families reviewing the policy regarding over the counter medications in resident rooms.

Ongoing – Random audits will be conducted for 3 months by the Health and Wellness Coordinator or designee of resident rooms for compliance with the community policy. The Health and Wellness Director will review results of audits to determine if any further action is warranted.

Evidence- training attendance sheet, copy of letter to families

Licensee's Proposed Overall Completion Date: 08/24/2022

Implemented [redacted] - 10/24/2022)

183d - Prescription Current

4. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

183d - Prescription Current (continued)

Description of Violation

There was a container of [redacted] located in Resident #1's bathroom cabinet at time of inspection. Resident #1 is not currently prescribed this [redacted].

There was a [redacted] located prescribed to Resident #2 in the medication cart at time of inspection. Resident #2 is not currently prescribed this medication.

POC Submission

Accept ([redacted] - 09/30/2022)

Regulation 2600.183(d)

Immediately – Resident #2's identified medications were removed from the medication cart. Resident #1's medication was immediately removed from bathroom cabinet.

8/9/2022 and 8/11/2022 – Appropriate clinical staff were retrained by the Health and wellness Director on the community policy regarding medication administration and over the counter medications in resident rooms.

8/15/22-8/24/2022 – Medications, medication orders and medication carts will be audited by the Health and Wellness Director and Health and Wellness Coordinator. Orders will be clarified with the prescriber if indicated.

Ongoing - Cart audits to be performed weekly by the Resident Care Coordinator or designee to verify medications are in compliance with the community medication administration policy.

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

Evidence – Record of Staff Training, Results of Room Audits

Licensee's Proposed Overall Completion Date: 08/24/2022

Implemented ([redacted] - 10/24/2022)

184a Resident's Meds Labeled

5. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #2 is prescribed [redacted]. The medication label states to apply to the resident's left hand as needed. The current order for the medication states to apply to both hands as needed. The directions on the medication label are incorrect.

Resident #3 is prescribed [redacted]. The medication label states to apply twice daily for 60 days. The current order for the medication states to apply twice daily for 6 weeks. The directions on the medication label are incorrect.

Resident #3 is prescribed [redacted]. The medication label states to apply topically twice daily as

**184a - Resident's Meds Labeled (continued)**

needed. The current order for the medication states to apply topically every 12 hours as needed. The directions on the medication label are incorrect.

**POC Submission****Accept (AG - 09/30/2022)**

Regulation 2600.184(a)

Immediately – Medication labels stating "Directions change – refer to Chart" were applied to the [REDACTED] and the [REDACTED] medications.

8/9/2022 and 8/11/2022 – Appropriate clinical staff were retrained by the Health and Wellness Director on the community policy regarding medication labels.

8/15/22-8/22/2022 – An audit was conducted of medication carts for any incorrect labeling. Any orders found to be out of compliance will be clarified and updated with the prescriber if indicated.

Ongoing – Resident Care Coordinator or designee will review new orders to verify that they match with labels during weekly cart audits. The Health and Wellness Director will review results of audits to determine if any further action is warranted.

Evidence – Record of Staff Training, Results of OTC medication audit

Licensee's Proposed Overall Completion Date: 08/24/2022

**Implemented ([REDACTED] - 10/24/2022)****184b - Labeling OTC/CAM****6. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

**Description of Violation**

Resident #2's [REDACTED] was not labeled with the resident's name.

**POC Submission****Accept ([REDACTED] - 09/30/2022)**

Regulation 2600.184(b)

Immediately – Resident's #2's name was applied to the [REDACTED] by the Health and Wellness Director.

8/9/2022 and 8/11/2022 – Appropriate clinical staff were retrained on the community policy regarding labeling of over the counter medications.

8/15/2022- 8/22/22 – Any over the counter medications were audited for labeling according to community policy.

Ongoing – Resident Care Coordinator or designee will review over the counter medications to verify proper labeling weekly during medication cart audits for 3 months. The Health and Wellness Director will review results of audits to determine if any further action is warranted.

184b - Labeling OTC/CAM (continued)

Evidence – Record of Staff Training, Results of medication/label audits

Licensee's Proposed Overall Completion Date: 08/24/2022

Implemented ( [redacted] 10/24/2022)

185a - Implement Storage Procedures

7. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 is prescribed [redacted]. This medication was not available in the medication cart.

POC Submission

Accept ( [redacted] - 09/30/2022)

Regulation 2600.185(a)

Immediately – Resident’s #2 was hospitalized prior to medication being ordered. Clinical staff will reorder on her return if order remains as an active order.

8/9/2022 and 8/11/2022 – Appropriate clinical staff were retrained on this regulation and need for medications to be available by the Health and Wellness Director.

8/15/22-8/24/2022 – Medications and medication carts are being audited by the Health and Wellness Director and designee for medication availability according to community policy.

Ongoing - Resident Care Coordinator or designee will be reviewing during weekly medication audits to verify medications ordered are available. The Health and Wellness Director will review results of audits to determine if any further action is warranted

Evidence – Record of Staff Training, Results of medication cart audits

Licensee's Proposed Overall Completion Date: 08/24/2022

Implemented ( [redacted] - 10/24/2022)

187a - Medication Record

8. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [redacted]. The medication record states to give [redacted]. The home is currently following this order by administering [redacted]. The medication record is not updated to reflect the tablet dosages and specific administration directions.

187a - Medication Record (continued)

Resident #3 is prescribed [REDACTED] The medication dose of [REDACTED] is not listed on the medication record.

POC Submission

Accept (AG - 09/30/2022)

Regulation 2600.187(a)

Immediately – Resident #2 and Resident #3's orders were clarified with their prescriber and the corrections were made as necessary. Resident #2 is [REDACTED] and orders on return will be reviewed and reconciled with the orders on the MAR.

8/9/2022 and 8/11/2022 – Appropriate clinical staff were retrained on the community policy regarding medication administration by the Health and Wellness Director.

8/15/22- 8/22/2022 – A medication audit was conducted by the Health and Wellness Director and Health and Wellness Coordinator to review dosages and specific medication administration directions.

Ongoing –Resident Care Coordinator or designee will audit/ review orders to verify dosages and specific administration instructions for accuracy and match during weekly audits for 3 months. The Health and Wellness Director will review results of audits to determine if any further action is warranted

Evidence – Record of Staff Training, Pharmacy training record and Results of medication cart audits

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented [REDACTED] - 10/24/2022)

187d - Follow Prescriber's Orders

9. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed [REDACTED] 325mg, to administer 2 tabs by mouth every 4 hours as needed. The home currently has only [REDACTED] 500mg tabs in the medication cart for Resident #2.

The medication record for Resident #2 was not completed to indicate that Resident #2 received the following prescribed medications/treatments at the specified dates and times:

- [REDACTED] /22 [REDACTED] lotion at [REDACTED] am
- [REDACTED] /22 [REDACTED] at [REDACTED] pm
- [REDACTED] /22 [REDACTED] lotion and [REDACTED] lotion at [REDACTED] am

POC Submission

Accept ([REDACTED] - 09/30/2022)

Regulation 2600.187(d)

Immediately –Resident #2's order was clarified with the prescriber and appropriate dosage of [REDACTED] will be ordered. Resident #2 is [REDACTED] and orders on return will be reviewed and reconciled with the orders on the MAR.

187d - Follow Prescriber's Orders (continued)

8/9/2022 and 8/11/2022 – Appropriate clinical staff were retrained by the Health and Wellness Director on the medication administration policy regarding availability of medications.

8/15/22-8/24/2022 – A medication cart audit was conducted by the Health and Wellness Director and Health and Wellness Coordinator to verify prescribed orders match available medications.

By 9/30/2022 – House Pharmacy will conduct additional training with medication technicians and licensed nurses.

Ongoing – Appropriate clinical staff will review all incoming medications with actual orders. Pharmacy will conduct audits quarterly to review for potential medication/dosage concerns. The Health and Wellness Director will review results of audits to determine if any further action is warranted.

Evidence – Record of Staff Training, Record of staff training by Pharmacy, Results of medication cart audits

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented (██████) 10/24/2022)

224a - Preadmission Screen Form

10. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #4's preadmission screening form, dated ██████ 22, does not include a determination that the needs of the resident can be met by the services provided by the home.

POC Submission

Accept (██████) - 09/30/2022)

Regulation 2600.224.a

Immediately – Preadmission form for Resident #4 was corrected.

7/27/2022 – An audit was conducted by the Health and Wellness Coordinator of current resident records to verify preadmission screening forms were completed according to community policy.

7/28/2022 – Appropriate management staff were retrained on this regulation and the need for complete preadmission screening form documentation.

Ongoing – Preadmissions screening forms will be reviewed for 3 months by the Health and Wellness Director and Health and Wellness Coordinator or designee prior to resident move-in. Both will initial the screening documenting the review.

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

Evidence – Record of Staff Training, Results of preadmission screening form audit, and last 2 new resident preadmission screening forms

224a - Preadmission Screen Form (continued)

Licensee's Proposed Overall Completion Date: 08/24/2022

Implemented ( [redacted] - 10/24/2022)

233c Key Locking Devices

11. Requirements

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 in the home's secured dementia unit are not conspicuously posted near the door located by [redacted], or the [redacted] Main Entrance door.

POC Submission

Accept [redacted] 09/30/2022)

Regulation 2600.233(c)

Immediately – Door codes were immediately reposted by the Executive Director on the 2 locations in front of licensing representative day of survey.

7/27/2022 – An audit was conducted of all locking devices by the Maintenance Manager to verify codes were posted and accurate. No additional issues were noted.

7/28/2022 – Appropriate management staff were retrained on this regulation and the need ensure door codes are properly displayed.

Ongoing – Maintenance Manager or designee will randomly check/audit locked door areas for compliance with this regulation weekly for 3 months.

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

Evidence – Record of Staff Training, picture of framed codes by [redacted] exit and [redacted] Main door.

Licensee's Proposed Overall Completion Date: 08/23/2022

Implemented ( [redacted] 10/24/2022)