

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

July 20, 2023

[REDACTED], ASSISTANT SECRETARY
EMERITUS CORPORATION
[REDACTED]
[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 05/16/2023, 05/17/2023 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

Facility Information

Name: BROOKDALE HARRISBURG **License #:** 31611 **License Expiration:** 01/09/2024

Address: 3560 NORTH PROGRESS AVENUE, HARRISBURG, PA 17110

County: DAUPHIN **Region:** CENTRAL

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:** 11/20/1997 **Issued By:** Department of Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 56 **Waking Staff:** 42

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal **Exit Conference Date:** 05/17/2023

Inspection Dates and Department Representative

05/16/2023 - On-Site: [REDACTED]

05/17/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 65 **Residents Served:** 38

Secured Dementia Care Unit

In Home: Yes **Area:** Clear Bridge **Capacity:** 24 **Residents Served:** 17

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 0

Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 1

Have Mobility Need: 18 **Have Physical Disability:** 0

Inspections / Reviews

05/16/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/28/2023

Inspections / Reviews (*continued*)

06/01/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/22/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 06/08/2023

06/12/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/22/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/19/2023

07/20/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/22/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 5/16/2023, the home's current violation reports, dated 2/15/2022 and 5/18/2022, were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (████ - 06/12/2023)

May 17, 2023- The Executive Director posted the two previous surveys and retrained the Business Office Manager regarding the posting of the home's current violation reports dated 2/15/2022 and 5/18/2022, being posted in a conspicuous and public place in the home. The home's current violation reports, dated 2/15/2022 and 5/18/2022 were posted on May 17, 2023.

The Executive Director, Business Office Manager or designee will audit the posting of the home's current violation reports including May 16, 2023 report, monthly starting June 1, 2023.

To assist with ongoing compliance, The Executive Director, Business Office Manager or designee will review the results of these audits bi-annually starting June 1, 2023.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented (████ - 07/13/2023)

16c - Written Incident Report

2. Requirements

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

In ██████████, a resident ceased to breathe in the home. The home did not report this incident to the Department until 4 days later.

Repeated Violation - 2/15/2022, et al

Plan of Correction

Accept (████ - 06/01/2023)

May 24, 2023 - Executive Director and Health and Wellness Director retrained clinical staff members on reporting documentation, requirements and timeframe for reporting a resident that ceased to breathe in the home.

The Health and Wellness Director, Resident Care Coordinator or designee will audit incident reports for deaths within 24 hours regarding compliance, monthly starting May 31, 2023.

To assist with ongoing compliance, the Executive Director or designee, will review incident reports for the next 3 months to verify compliance starting July 1, 2023.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented (████ - 07/13/2023)

25b - Contract Signatures

3. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for Resident #1 was not signed by the resident; a notation was not made indicating the resident was given the opportunity to sign.

The resident-home contract, dated [REDACTED] for Resident #2 was not signed by the resident; a notation was not made indicating the resident was given the opportunity to sign.

Plan of Correction

Accept [REDACTED] - 06/12/2023)

May 17, 2023- The Executive Director retrained the Business Office Manager and Sales Manager regarding residency agreements, noting the resident being offered the opportunity to sign their residency agreement during the move in process. Resident #1 signed the residency agreement with his mark on May 19, 2023 with the Executive Director and Business Office Manager. Resident #2 signed the residency agreement with his mark on May 19, 2023 with the Executive Director and Business Office Manager.

An initial audit was completed on May 19, 2023 by the Business Office Manager. The Executive Director, Business Office Manager or designee will audit new residency agreements for compliance, monthly starting June 1, 2023. To assist with ongoing compliance, The Executive Director, Business Office Manager or designee will review the results of these audits bi-annually starting July 1, 2023.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented [REDACTED] - 07/13/2023)

42s - Privacy

4. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 5/16/2023, the home had a facility-owned, voice-controlled electronic device on the piano in the main lobby. The home did not have policies and procedures on the use of facility-owned electronic communication devices. Written notification of the use of the device was not posted and use of the device within the facility was not addressed in the resident-home contracts.

Plan of Correction

Accept [REDACTED] - 06/12/2023)

June 8, 2023, the Executive Director removed the electronic monitoring signage and the voice controlled electronic devices. The ED audited areas and no other devices were found to be in the community on May 17, 2023. The electronic device was removed from the main lobby. The community has decided to no longer utilize facility owned voice controlled electronic devices throughout common areas in the home.

May 24, 2023 - Executive Director to verify compliance retrained staff members on the requirements for electronic monitoring devices in the home.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented [REDACTED] - 06/23/2023)

42s - Privacy (continued)

82c - Locking Poisonous Materials

5. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 5/16/2023 at approximately 9:24 AM, a 32fl oz bottle of Ecolab Virasept "One-step" Detergent and a 20fl oz bottle of Ecolab Lemon Lift Heavy Duty Kitchen and Bathroom Cleaner with Bleach with manufacturers' labels indicating, call poison control if ingested," were unlocked, unattended, and accessible to residents in the Secured Dementia Care Unit (SDCU) laundry room. Not all the residents of the home in the SDCU have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept () - 06/12/2023)

On May 16, 2023, the Business Office Manager removed the 32 fl oz. bottle of Ecolab Virasept "One-step" Detergent and a 20 fl oz. bottle of Ecolab Lemon Lift Heavy Duty Kitchen and Bathroom Cleaner with Bleach and secured the keypad locked door to the laundry room in the Secure Dementia Care Unit. A sweep was completed on May 16, 2023 of the Secure Dementia Care Unit by the Direct Care staff member for any poisonous materials. The Executive Director audited areas in the Secured Dementia Care Unit were found to be in compliance on May 17, 2023.

May 16, 2023, and May 24, 2023, - The Executive Director and the Health and Wellness Director retrained the direct care staff regarding the community policy on storage of poisonous materials in the Secure Dementia Care Unit. The Medication Technician, Clare Bridge Coordinator or designee will round 5 times a week, starting May 17, 2023 for 3 months in the Secure Dementia Care Unit, to verify the secured storage of poisonous materials using the Clare Bridge Common and Room Audit form.

To assist with ongoing compliance, the Health and Wellness Director or designee will review the audit results weekly starting May 31, 2023 and conducted continuously in the SDCU at least once a week to verify the secured storage of poisonous materials using the Clare Bridge Common and Room Audit form.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented () - 07/13/2023)

85d - Trash Receptacles

6. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 5/17/2023, a shared bathroom, between Resident Rooms 214 and 202, was observed to have an uncovered trash can.

Plan of Correction

Accept () - 06/12/2023)

On May 17, 2023, a member of maintenance removed and replaced the previous uncovered trash can from shared bathroom, between Resident Rooms 214 and 202 in the Secure Dementia Care Unit. An audit was completed on

85d - Trash Receptacles (continued)

May 18, 2023 of the Secure Dementia Care Unit by the Direct Care staff members for compliance. The Executive Director audited areas were found to be in compliance on May 19, 2023.

May 24, 2023, - The Executive Director and the Health and Wellness Director retrained the direct care staff regarding the community policy on uncovered trash cans in shared bathroom spaces.

To assist with ongoing compliance, the Maintenance Manager, Health and Wellness Director or designee will audit bathrooms for compliance weekly starting May 31, 2023, and continuously at least once a month utilizing the Trash Receptacle audit form.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented [redacted] - 06/23/2023)

86a - Ventilation

7. Requirements

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

On 5/17/2023 at 10:16 AM, the men's public bathroom across the hall from the physical therapy room did not have an operable ventilation fan or window.

On 5/17/2023 at 10:18 AM, the women's public bathroom across the hall from the physical therapy room did not have an operable ventilation fan or window.

On 5/17/2023 at 10:26 AM, the bathroom in Resident Room #200 did not have an operable ventilation fan or window.

Plan of Correction

Accept [redacted] - 06/12/2023)

May 18, 2023- The Executive Director and member of maintenance ordered the ventilation equipment needed to replace and make the ventilation fans in the women's public bathroom across the hall from the physical therapy area operable. A member of maintenance cleaned the ventilation devices in Resident room #200 and the men's public restroom both were operable as of May 18, 2023.

May 24, 2023- The Executive Director and member of maintenance retrained the direct care staff regarding the community policy on all areas of the home that are used by the resident shall be ventilated.

The Maintenance Manager or designee will audit the common areas and resident apartments monthly starting June 1, 2023. This will be noted our electronic maintenance system (TELS).

To assist with ongoing compliance, the Executive Director or designee will review the results of these audits continuously monthly thereafter.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented [redacted] - 07/14/2023)

88a - Surfaces

8. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

88a - Surfaces (continued)

Description of Violation

On 5/17/2023 at approximately 10:18 AM, the women's public bathroom, located across from the physical therapy room, was observed to have an active leak under the bathroom sink. An accumulation of water resulted from the active leak creating a potential slipping hazard. Water damage was also observed on the linoleum floor under the sink and toilet.

Plan of Correction

Accept () - 06/01/2023)

On May 18, 2023, bathroom wall surface and baseboard were inspected by a member of Maintenance, the noted active leak under the women's public bathroom sink was repaired May 18, 2023. The water damaged areas were submitted for replacement on May 18, 2023 by a member of Maintenance. The women's public bathroom floor surface has been inspected and is dry and free of any slip hazards as of May 18, 2023. May 24, 2023- direct care staff were retrained by the Executive Director, on the community policy on keeping the environment safe and clean. The Maintenance Manager or designee will audit the women's public bathroom area for any issues with leaks three (3) times weekly for three (3) months using the Water Leak Audit tool starting May 18, 2023. To assist with ongoing compliance, the Executive Director or designee will review audit results monthly for the next three (3) months starting June 1, 2023.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented () - 07/20/2023)

101j7 - Lighting/Operable Lamp

9. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 5/17/2023, Resident #5 did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept () - 06/12/2023)

May 17, 2023- The Executive Director and Clare Bridge Resident Program Coordinator repositioned the bedside light source in the apartment for Resident #5. May 24, 2023- The Executive Director retrained the all staff regarding the community policy on having an operable lamp or other source of lighting that can be turned on at bedside for residents. The Maintenance Manager or designee will audit the resident apartments monthly starting June 1, 2023. To assist with ongoing compliance, the Executive Director or designee will review the results continuously each month starting July 1, 2023.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented () - 06/23/2023)

107d - Procedure Emergency Management Agency Submission

10. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home does not have documentation that the written emergency procedures were submitted to the local emergency management agency.

Plan of Correction

Accept [REDACTED] - 06/12/2023)

May 17, 2023- The Executive Director contacted the local emergency management agency for information to submit the community's written emergency procedures. The Executive Director submitted the letter to [REDACTED] Township office on May 22, 2023. The Executive Director trained the Business Office Manager and member of maintenance on the process to submit the community's written emergency procedures letter to the local emergency management agency.

May 24, 2023- The Executive Director retrained the appropriate staff regarding the community policy on submitting the community's written emergency procedures letter to the local emergency management agency.

The Maintenance Manager or designee will audit the submission of the community's written emergency procedures letter to the local emergency management agency annually starting June 1, 2023 utilizing TELS to set reminders.

To assist with ongoing compliance, the Executive Director, Business Office Manager, Maintenance Manager or designee will review the results of these audits.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented [REDACTED] - 07/13/2023)

109b - Rabies Vaccination

11. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 5/16/2023 and 5/17/2023, a canine was present at the home. The home does not have a current certificate of rabies vaccination for the dog; the rabies vaccination expired on 9/14/2022.

Plan of Correction

Accept [REDACTED] - 06/01/2023)

On May 16, 2023, the family of the canine's resident were notified by the Business Office Manager to supply the community with copies of current vaccination records for the canine or to make an appointment to get the canine vaccinated and provide that documentation to the home. There are no other pets residing in the community at this time. The family for canine have made an appointment to vaccinate the canine on May 27, 2023 and supply the community with the documentation.

May 16, 2023 The Executive Director retrained the Business Office Manager regarding the community policy on maintaining records of rabies vaccination requirement for pets residing in the community. The Executive Director retrained the Sales Manager on the move-in criteria for residents with pets.

The Business Manager and Resident Program Manager or designee will establish a process for auditing pet vaccination records using the Pet Audit Form semi-annually as well as collecting vaccination information on any new pets brought in to reside in the community starting May 17, 2023.

To assist with ongoing compliance, the Executive Director or designee will review audit results semi-annually for the next 12 months starting June 1, 2023.

109b Rabies Vaccination (continued)

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented () - 07/13/2023)

132b - Safety Inspection/Fire Drill

12. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

A fire safety inspection was conducted by a fire safety expert on 2/16/2022 and not again until 4/13/2023.

Plan of Correction

Accept () - 06/01/2023)

May 18, 2023 The Executive Director and member of maintenance retrained maintenance staff regarding the community policy on fire drills. On May 24, 2023 staff were retrained on the community policy regarding fire drills. To assist with ongoing compliance, the Executive Director or designee will verify compliance with the established fire drill schedule and review documentation following the drills for four (3) months starting June 1, 2023.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented () - 06/23/2023)

132d - Evacuation

13. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drills on 3/26/2023 and 4/26/2023, the home exceeded the maximum safe evacuation time of 6 minutes as recommended by the fire safety expert on 2/16/2022. The total evacuation time for the drill conducted on 3/26/2023 was 12 minutes 10 seconds and the evacuation time for the drill conducted on 4/26/2023 was 6 minutes 41 seconds.

The home's most recent safety evacuation time specified in writing by a fire safety expert was received on 2/16/2022. The home does not have a maximum safe evacuation time specified in writing by a fire safety expert for the current year (2023).

Repeated Violation 2/15/2022, et al

Plan of Correction

Accept () - 06/12/2023)

May 18, 2023 The Executive Director retrained the maintenance staff regarding the community policy on resident evacuation timeframe for all fire drills. The Maintenance Manager or designee will audit the fire drills monthly for two (3) months starting June 1, 2023 for

132d Evacuation (continued)

compliance. The Maintenance Manager or designee will re run all fire evacuation drills over the maximum new safe evacuation time of 15 minutes received by the fire inspector [REDACTED] effective June 6, 2023. The home will review and repeat all fire drills within 5 days exceeding the safe evacuation time.

To assist with ongoing compliance, the Executive Director or designee will review the results of these audits monthly starting June 30, 2023.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented [REDACTED] - 07/14/2023)

141b1 - Annual Medical Evaluation**14. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on 1/31/2023. The resident's previous medical evaluation was completed on 1/7/2022.

Plan of Correction

Directed [REDACTED] - 06/12/2023)

May 24, 2023 The Executive Director and Health and Wellness Director retrained the direct care staff regarding the community policy on Annual Medical Evaluation completion.

The Health and Wellness Coordinator or designee will audit the DME completions monthly for two (2) months starting May 31, 2023 using a tracker.

To assist with ongoing compliance, the Health and Wellness Director or designee will review the results of these audits monthly starting June 1, 2023.

- (Directed)

Beginning 6/1/2023, the Administrator or designee will complete quarterly audits of all resident DME's to ensure they are completed per regulation timelines.

Directed Completion Date: 06/08/2023

Implemented [REDACTED] - 06/23/2023)

185a - Implement Storage Procedures**15. 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 #1 is prescribed [REDACTED] give 1 tablet by mouth as needed for constipation. On [REDACTED] at approximately [REDACTED] the medication was not available in the home.

Resident #3 is prescribed [REDACTED] give 1 tablet as needed for chest pain. On [REDACTED]

185a - Implement Storage Procedures (continued)

at approximately [REDACTED], the medication was not available in the home.

Plan of Correction

Accept ([REDACTED] - 06/12/2023)

May 18, 2023 – The Health and Wellness Director retrained the Medication Technicians on the process for ordering as needed medication. A review was completed of the “as needed medications” as compared to the residents’ eMAR and found to be in compliance.

May 18, 2023- An audit was completed by the Resident Care Coordinator of “as needed medications” for compliance. Audit revealed compliance. The as needed medication were ordered by the Health and Wellness Director and received in the home May 19, 2023.

An “as needed” medications audit form will be implemented to review expiration dates and refill availability and matching the documentation with the eMAR. This will be completed by the Health and Wellness Director, Resident Care Coordinator or designee for two (2) months starting May 31, 2023.

To assist with ongoing compliance, this form will be audited monthly by the Health and Wellness Coordinator or designee starting June 1, 2023.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented ([REDACTED] - 07/13/2023)

252 - Record Content

16. Requirements

2600.

252. Content of Resident Records - Each resident’s record must include the following information:

23. If the resident dies in the home, a copy of the official death certificate.

Description of Violation

Resident #4's record does not include a copy of the official death certificate.

Plan of Correction

Accept ([REDACTED] - 06/01/2023)

An audit is being conducted by the Health and Wellness Director and Resident Care Coordinator of resident records to verify official death certificates were available in the community, May 18, 2023.

May 24, 2023– Clinical management staff and care associates were retrained on the need for an official death certificate by the Executive Director and Health and Wellness Director.

Death Certificates will be reviewed for 3 months by the Health and Wellness Director or designee post resident’s death in the community for compliance. The reviewer will initial the screening documenting audit for marking the review was completed by June 1, 2023.

To assist with ongoing compliance, the Health and Wellness Director or designee will review results of audits starting June 1, 2023.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented ([REDACTED] - 07/13/2023)