

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

August 11, 2023

[REDACTED] ADMINISTRATOR
EMERITUS CORPORATION

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 07/06/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BROOKDALE GRAYSON VIEW* License #: *22793* License Expiration: *07/02/2023*
 Address: *29 GRAYSON VIEW COURT, SELINGSGROVE, 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: *PALI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *99* Waking Staff: *74*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *07/06/2023*

Inspection Dates and Department Representative

07/06/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *95* Residents Served: *80*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Secured* Capacity: *24* Residents Served: *17*

Hospice
 Current Residents: *1*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *80*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *19* Have Physical Disability: *2*

Inspections / Reviews

07/06/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/06/2023*

08/08/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/09/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/11/2023*

Inspections / Reviews *(continued)*

08/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/09/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. 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

Resident 1 is not assessed to be safely around poisonous materials. On 6/14/2023, a cup of denture cleanser was left in the resident's room. The label on the cleanser indicates that in the case of accidental ingestion, seek professional assistance or contact poison control.

Plan of Correction

Accept [REDACTED] - 08/08/2023)

The following is the Plan of Correction for Brookdale Grayson View in regard to the Statement of Deficiency dated July 27, 2023 for an incident inspection survey on 7/6/2023. 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.

Immediately on 6/14/23 – When the liquid was found at Resident #1's bedside it was removed by the Medication Technician.

6/14 2023 – Medication Technician completed an audit of the secured dementia care unit to look for any other additional poisonous materials that were not locked/secured. No other poisonous materials were found to be unlocked.

6/14/2023 –The staff person who was identified as leaving the poisonous material in Resident #1's room was suspended pending investigation.

6/21/2023 –The staff person identified as leaving the liquid at Resident #1's bedside no longer works at the community.

6/18/2023 to 6/20/2023 – Appropriate clinical and community staff were retrained by the Executive Director/Administrator (ED) and Health and Wellness Director (HWD) on the community policy regarding storage of poisonous materials in the Secure Dementia Care Unit.

Ongoing – Audits 3 times weekly will be conducted for 2 months by the HWD, Dementia Care Coordinator or designee of resident rooms for compliance with the community policy starting August 1, 2023.

Ongoing, thereafter- The HWD, Dementia Care Coordinator or designee will perform weekly random audits for storage of poisonous materials according to the community policy effective October 1, 2023. The ED or designee will review results of audits to determine if any further action is warranted. The results of the audits will be presented at the next Quality Assurance Meeting on September 20, 2023 by the ED.

82c - Locking Poisonous Materials (continued)

Supporting Documentation: Documentation of audit & Record of staff Training.

Licensee's Proposed Overall Completion Date: 08/03/2023

Implemented (████) - 08/11/2023)

234d - Support Plan Revision**2. Requirements**

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

The RASP dated █████ for Resident 1 was not updated to show that the resident is receiving Physical Therapy services.

Plan of Correction

Accept (████) - 08/08/2023)

The following is the Plan of Correction for Brookdale Grayson View in regard to the Statement of Deficiency dated July 27, 2023 for an incident inspection survey on 7/6/2023. 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.

6/18/2023 to 6/20/2023 – Appropriate clinical staff were retrained by the ED regarding the community policy on updating the RASP/Service Plan when the resident condition changes.

7/7/2023 – RASP/ Service plan for Resident #1 was updated by the HWD to reflect the initiation of physical therapy services including who was providing those services.

7/7/23 - 7/18/2023 - An audit was conducted by the HWD and Health and Wellness Coordinator (HWC) of current resident RASP/ service plans to verify documentation of therapy service provision. Service plans for residents identified as receiving physical therapy were updated to reflect services being provided according to the community policy.

Ongoing – Weekly random audits will be conducted of 3 resident records for 2 months by the HWC or designee for documentation on the resident RASP/ Service Plan of therapy service provision starting August 4, 2023.

Ongoing thereafter-Monthly audits will be completed by the HWC or designee of 3 resident records receiving therapy services effective October 1, 2023.

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

Supporting Documentation: Documentation of audit & Record of staff Training.

234d - Support Plan Revision (*continued*)

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented ([REDACTED] - 08/11/2023)