

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

October 16, 2023

[REDACTED], ADMINISTRATOR
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 08/23/2023 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 GRAYSON VIEW* License #: *22793* License Expiration: *07/02/2024*
 Address: *29 GRAYSON VIEW COURT, SELINGSGROVE, PA 17870*
 County: *SNYDER* Region: *NORTHEAST*

Administrator

Name: [Redacted] *op* 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: *99* Waking Staff: *74*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *09/11/2023*

Inspection Dates and Department Representative

08/23/2023 - 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: *1st floor* 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

08/23/2023 Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *10/12/2023*

10/13/2023 - POC Submission
 Submitted By: [Redacted] Date Submitted: *10/13/2023*
 Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *10/16/2023*

Inspections / Reviews *(continued)*

10/16/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/13/2023

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], Staff A was witnessed by Staff B and Staff C yelling and cursing at Resident #1 in front the residents room. Staff A confirmed that staff A told Resident #1 there are no cameras here. Staff B and Staff C witness Staff A forcefully grab resident and drop resident on the bed. Resident was seen by staff in fetal position on bed.

Plan of Correction

Accept [REDACTED] - 10/13/2023)

The following is the Plan of Correction for Brookdale Grayson View in regard to the Statement of Deficiency dated October 2, 2023 for an incident inspection survey on 8/23/2023. 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.

On [REDACTED], Staff person A was witnessed by Staff Person B and Staff Person C yelling and cursing at Resident #1 in front of the resident's room. Staff person A confirmed that Staff Person A told resident #1 there was no cameras here. Staff Person B and Staff Person C witnessed staff person A forcefully grab resident and drop resident on the bed. Resident #1 was seen by staff in fetal position on the bed.

[REDACTED] – Appropriate clinical staff were trained by the (Executive Director) ED on the community policy regarding abuse, and mandatory reporting. Following the scheduled training, Staff Person B reported to the ED concerns with how she observed a resident being treated on the evening shift on 8/16/2023. Executive Director (ED), along with the Health and Wellness Director (HWD), conducted an investigation of the allegation.

[REDACTED] –Resident #1 was interviewed and assessed by the HWD. Resident #1 did not recall or have any memory of any incidents. There were no marks or reddened areas noted on Resident #1 during the assessment. Staff Member A was suspended by the ED pending investigation. Staff Person A no longer works at the community.

[REDACTED] A community training has been scheduled on OAPSA to be given by Kim Campbell and Sarah Alexander from the Union-Snyder County Agency on Aging at 2pm. Staff required training documentation will be reported at the Quality Assurance Meetings twice annually by the ED with the incident review reports.

Ongoing- To assist with compliance, the ED or designee will review any potential incidents when they occur for 2 months starting October 1, 2023. Monthly reviews will be completed thereafter by the ED to verify compliance and to determine if any further action is warranted starting December 1, 2023.

Licensee's Proposed overall Completion Date: 12/1/23

Supporting Documentation: record of associate termination & record of staff training.

Licensee's Proposed Overall Completion Date: 12/01/2023

42b Abuse (*continued*)

Implemented ([REDACTED] - 10/16/2023)