

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

December 12, 2023

[REDACTED], ASSISTANT SECRETARY
BROOKDALE SENIOR LIVING COMMUNITIES INC
5300 OLD WILLIAM PENN HIGHWAY
EXPORT, PA, 15632

RE: BROOKDALE MURRYSVILLE
5300 OLD WILLIAM PENN HIGHWAY
EXPORT, PA, 15632
LICENSE/COC#: 42868

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/13/2023 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.

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BROOKDALE MURRYSVILLE* License #: *42868* License Expiration: *02/19/2024*
 Address: *5300 OLD WILLIAM PENN HIGHWAY, EXPORT, PA 15632*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: *BROOKDALE SENIOR LIVING COMMUNITIES INC*
 Address: [Redacted]
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/09/1997* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *60* Waking Staff: *45*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *10/30/2023*

Inspection Dates and Department Representative

10/13/2023 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *42* Residents Served: *30*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Entire home* Capacity: *42* Residents Served: *30*

Hospice
 Current Residents: *10*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *30*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *30* Have Physical Disability: *0*

Inspections / Reviews

10/13/2023 Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *11/09/2023*

11/14/2023 - POC Submission
 Submitted By: [Redacted] Date Submitted: *12/08/2023*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *11/20/2023*

Inspections / Reviews (*continued*)

11/20/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/08/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/10/2023

12/12/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/08/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

15d - Resident Abuse-Notification

1. Requirements

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On [REDACTED] at approximately [REDACTED], a physical and verbal altercation occurred between resident #1 and staff person A, resulting in resident #1 being transported to the hospital; however, this incident was not reported to resident #1's designated person until [REDACTED] at [REDACTED].

Plan of Correction

Accept ([REDACTED] - 11/20/2023)

10/5/2023-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. About 90 minutes later resident #1 was found to have a low Blood Pressure due to unknown cause, 911 was then immediately called and resident #1 was transported to the hospital.

11/8/2023, 11/9/2023 – Appropriate clinical and management staff were retrained by the HWD on the community policy regarding abuse, and mandatory reporting as well as the community policy on Falls Management regarding suspected head injuries. Documentation of training will be kept in accordance with 2600.65i.

10/26/2023- A community training for appropriate clinical and management staff was completed by OAPSA representative, Michelle George, from the Westmoreland County Agency on Aging regarding Mandated Reporting of allegations of abuse/ neglect.

10/8/2023- Staff required training documentation was reported at the Quality Management Meeting by the ED with the incident review plan.

Ongoing- To assist with compliance, the ED or designee will review any potential incidents daily for 2 months starting November 1, 2023 until December 31, 2023. Monthly reviews will be completed thereafter by the ED to verify compliance and to determine if any further action is warranted starting January 1, 2024.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ([REDACTED] - 12/12/2023)

42b - Abuse

2. 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] at approximately [REDACTED], resident #1 was rearranging the linens in the hallway A linen closet. Staff person A approached resident #1, grabbed the linens out of resident #1's hands and told resident #1 to "leave the fucking blankets alone". Resident #1 become combative towards staff person A. Staff person A responded by giving resident #1 a bear hug, then grabbing resident #1's right arm and pushing on resident #1's chest. During the altercation, resident #1 fell to the ground. hitting the back of their head off the floor. Also, staff person B witnessed

42b Abuse (continued)

the incident and indicated resident #1 was slurring his words and repeating himself immediately following the incident; however, emergency services was not contacted until 10:39 PM. Resident #1 was sent to the hospital and received treatment for a closed head injury. According to the home's "Falls Management Policy", dated 10/2023, the home is immediately to contact 9 1 1 if a resident has a significant change or altered responsiveness immediately following a fall.

Plan of Correction

Directed [redacted] - 11/20/2023)

Staff Person A no longer works at the community as of October 5, 2023.

10/5/2023 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. About 90 minutes later resident #1 was found to have a low Blood Pressure due to unknown cause, 911 was then immediately called and resident #1 was transported to the hospital.

Ongoing, September 2023 De escalation techniques were a required training for all staff scheduled in our electronic independent study process titled "Managing Challenging Behaviors for residents with dementia" through Relias (electronic training system). Additional trainings are held on an as needed basis at the direction of the ED.

11/ 8 /2023, 11/9/2023 Appropriate clinical and management staff were retrained by the home's Health and Wellness Director on the community policy regarding abuse, and mandatory reporting. as well as the community policy on Falls Management regarding suspected head injuries. Documentation of training will be kept in accordance with 2600.65i.

10/26/2023 A community training for appropriate clinical and management staff was completed by OAPSA representative, Michelle George, from the Westmoreland County Agency on Aging regarding Mandated Reporting of allegations of abuse/ neglect. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. LM 11/20/23).

DIRECTED: By 12/10/23: The administrator shall reeducate all staff persons on resident rights to ensure residents are free from abuse/neglect. The reeducation shall also include proper deescalating techniques when interacting with residents with behavioral issues. Documentation of the education shall be kept in accordance with 2600.65i. LM 11/20/23

10/8/2023 Staff required training documentation was reported at the Quality Management Meeting by the ED with the incident review plan.

Ongoing To assist with compliance, the ED or designee will review any potential incidents daily for 2 months starting November 1, 2023 until December 31, 2023. Monthly reviews will be completed thereafter by the ED to verify compliance and to determine if any further action is warranted starting January 1, 2024.

Ongoing To assist with compliance, the ED or designee will interview 5 residents per month for the next six months to ensure residents are free from abuse, starting November 2023 until April 2024. Documentation of interviews will be kept in the ED office.

Proposed Overall Completion Date: 12/31/2023

Directed Completion Date: 12/10/2023

Implemented [redacted] - 12/12/2023)

51 - Criminal Background Check

3. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

No documentation is present indicating that direct care staff person A, hired on [REDACTED], had permanent residency in Pennsylvania for 2 consecutive years prior to employment, so it is unable to be determined if a FBI background check should have been completed for staff person A.

Plan of Correction

Directed [REDACTED] - 11/20/2023)

10/13/ 2023- An audit was completed by the ED and Operations Specialist of direct care staff person files. One staff person was found out of compliance and that employee no longer works at the community.

10/ 18/ 2023- Operations Specialist and ED completed an audit of current employee records to verify direct care staff had required documents in their files.

11/1/2023- ED or designee will review direct care staff pre-hire documentation for HS diploma, GED or active nurse registry status starting November 1, 2023 for 2 months ending December 31, 2023 utilizing the attached tracking tool.

11/ 7/ 2023- ED retrained the appropriate clinical and management staff regarding the community policy on required documentation of GED, HS diploma or active registry status for direct care staff.

The ED will monitor results and verify if any further action is required.

Ongoing: To assist with compliance, the ED or designee will review background checks at the time of hiring and prior to orientation. The facility has implemented a new hire checklist to ensure continued timely completion of PA/FBI background checks after 12/31/23. (UNACCEPTABLE PORTION OF PLAN OF CORRECTION. [REDACTED] 11/20/23) (DIRECTED: The new hire checklist shall be implemented by 11/25/23 for all newly-hired staff persons to ensure timely background checks are completed in accordance with the Older Adult Protective Services Act. Copies of the completed new hire checklists and completed background checks shall be kept in each newly-hired staff person's record. [REDACTED] 11/20/23).

DIRECTED: By 12/1/23: The administrator shall review all current staff person records to ensure a Pennsylvania criminal background check is completed for each staff person. Copies of the background checks shall be kept in each staff person's record. [REDACTED] 11/20/23

Proposed Overall Completion Date: 12/31/2023

Directed Completion Date: 01/01/2024

Implemented [REDACTED] - 12/12/2023)

54a - Direct Care Staff

4. 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.

54a - Direct Care Staff (continued)

Description of Violation

Direct care staff person A, hired on [REDACTED], does not have a high school diploma, GED or active registry status on the Pennsylvania nurse registry.

REPEAT VIOLATION: 12/19/2022, et. al.

Plan of Correction

Directed [REDACTED] - 11/20/2023)

10/ 06/ 2023- Employment of staff member A was terminated (last day worked [REDACTED])
10/ 13/ 2023-Direct care staff person A no longer works at the community.
10/13/ 2023- An audit was completed by the ED and Operations Specialist of direct care staff person files. One staff person was found out of compliance and that employee no longer works at the community.
10/ 18/ 2023- Operations Specialist and ED completed an audit of current employee records to verify direct care staff had required documents in their files.
11/1/2023- Prior to Orientation, ED or designee will review direct care staff pre-hire documentation for HS diploma, GED or active nurse registry status starting November 1, 2023 for 2 months ending December 31, 2023 utilizing the attached tracking tool.
11/ 7/ 2023- ED retrained the appropriate clinical and management staff regarding the community policy on required documentation of GED, HS diploma or active registry status for direct care staff.
The ED will monitor results and verify if any further action is required.
Ongoing: The facility has implemented a new hire checklist to ensure proper documents are obtained prior to hire for all newly-hired direct care staff persons after 12/31/23. (UNACCEPTABLE PORTION OF PLAN OF CORRECTION. [REDACTED] 11/20/23)
(DIRECTED: The new hire checklist shall be implemented by 11/25/23 for all newly-hired direct care staff persons to ensure copies of each direct care staff person credentials specified in 2600.54a are obtained at the time of hire. Copies of the completed new hire checklists and copies of each direct care staff person's credentials specified in 2600.54a shall be kept in each newly-hired staff person's record. [REDACTED] 11/20/23).

Proposed Overall Completion Date: 12/31/2023

Directed Completion Date: 11/25/2023

Implemented [REDACTED] - 12/12/2023)

65d - Initial Direct Care Training

5. Requirements

- 2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, hired on [REDACTED] has not successfully completed and passed the Department-approved

65d - Initial Direct Care Training (continued)

direct care training course and pass the competency test.

Plan of Correction

Accept [REDACTED] - 11/20/2023)

Staff Person A no longer works at the community as of [REDACTED].

10/ 14/ 2023- Employment of staff member B was terminated (last day worked [REDACTED])

10/13/ 2023- Executive Director and Operations Specialist completed an audit of employee files/ training documentation to verify required trainings have been completed timely during New Hire Orientation process according to community policy. There were no other direct care staff out of compliance.

11/8/2023-The ED retrained the appropriate clinical management staff on the community policy regarding completion of the department-approved training completion prior to providing direct care to residents.

The Executive Director or designee will review new hire files for completion of required trainings prior to caring for residents, in accordance with 2699.65d, for 2 months starting November 1, 2023 and ending December 31, 2023, The Executive Director will review the results of these audits to determine if any further action is warranted to maintain compliance.

Ongoing: To assist with compliance for 2600.65d, after orientation the ED or designee will review the home's new hire checklist to ensure proper training has occurred prior to working for all newly-hired direct care staff.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 12/12/2023)