

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

July 2, 2024

[REDACTED]  
EMERITUS CORPORATION  
[REDACTED]  
[REDACTED]

RE: BROOKDALE GRANDON FARMS  
1100 GRANDON WAY  
MECHANICSBURG, PA, 17055  
LICENSE/COC#: 31612

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/29/2024 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 GRANDON FARMS* License #: *31612* License Expiration: *01/17/2025*  
Address: *1100 GRANDON WAY, MECHANICSBURG, PA 17055*  
County: *CUMBERLAND* 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: *03/15/2005* Issued By: *Department of Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *79* Waking Staff: *59*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *05/29/2024*

**Inspection Dates and Department Representative**

05/29/2024 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	<i>120</i>	Residents Served:	<i>52</i>
Secured Dementia Care Unit			
In Home:	<i>Yes</i>	Area:	<i>SDCU</i>
Capacity:	<i>30</i>	Residents Served:	<i>21</i>
Hospice			
Current Residents:	<i>5</i>		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>1</i>	Are 60 Years of Age or Older:	<i>52</i>
Diagnosed with Mental Illness:	<i>0</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>27</i>	Have Physical Disability:	<i>0</i>

**Inspections / Reviews**

**05/29/2024 - Partial**

Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *06/20/2024*

**06/24/2024 - POC Submission**

Submitted By: [Redacted] Date Submitted: *06/28/2024*  
Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *07/01/2024*

Inspections / Reviews (*continued*)

07/02/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

227g -Support Plan Signatures

2. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] assessment and support plan dated [redacted], does not include the staff member or the resident's signatures indicating either participated in the development of the support plan.

Plan of Correction

Accept [redacted] - 06/24/2024)

[redacted] - Resident [redacted] is no longer a resident in the community.

[redacted] - The appropriate clinical staff were retrained by the ED regarding the community policy on support plan completion with required signatures.

[redacted] -Health and Wellness Coordinator (HWC) and/or designee will complete an audit of support plans for residents in SDCU to verify completion with signatures.

Ongoing- Starting July 1st, 2024- The ED will review audit results completed by HWC or designee of support plans with signatures completed according to community policy.

The ED or designee will audit new move-in support plans for the resident signatures according to the community policy for 1 month ending on 8/1/2024 to verify compliance and determine if any further action is warranted.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [redacted] - 07/02/2024)

231c - Preadmission Screening

3. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the Resident [redacted] written cognitive preadmission screening was also completed on [redacted], and not within 72 hours prior to the resident's admission to the SDCU.

Plan of Correction

Accept [redacted] - 06/24/2024)

[redacted] - Resident's [redacted] is no longer a resident of the community.

[redacted] - The ED retrained the appropriate clinical staff on the community policy regarding preadmission screening completion of the SCDU including those when there is a delay in date of move in to the community.

[redacted] - The ED and HWC completed and audit of prescreen form completion for residents in the SCDU. Other prescreens were found compliance.

[redacted] - HWC or designee will review prescreens prior to move-in for 3-months on admissions to the SCDU from [redacted] through [redacted].

Ongoing thereafter- ED will review the audit results to determine if any further action is warranted and perform random audits to verify continued compliance starting on [redacted].

Licensee's Proposed Overall Completion Date: 06/30/2024

231c - Preadmission Screening (*continued*)

*Implemented* [REDACTED] - 07/02/2024)