

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

August 23, 2024

[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 06/28/2024 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]
Human Services Licensing Supervisor

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] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: EMERITUS CORPORATION
Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 01/19/2000 **Issued By:** DLI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 96 **Waking Staff:** 72

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 06/28/2024

Inspection Dates and Department Representative

06/28/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 95 **Residents Served:** 75

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 24 **Residents Served:** 16

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 75
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 21 **Have Physical Disability:** 1

Inspections / Reviews

06/28/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/01/2024

08/15/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/20/2024
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 08/19/2024

Inspections / Reviews *(continued)*

08/23/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/20/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident # 1's Resident Assessment and Support Plan (RASP) dated [REDACTED] does not indicate how the facility will meet the resident's need to go outside with supervision.

Repeat 10/11/23

Repeat 2/21/24

Plan of Correction

Accept [REDACTED] - 08/15/2024)

The following is the Plan of Correction for Brookdale Grayson View regarding the Statement of Deficiency dated July 22, 2024 for the complaint and incident follow-up survey on June 28, 2024. This Plan of Correction 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 improvement to satisfy that objective.

6/28/24- Resident #1's Support Plan/ RASP was updated by the Health and Wellness Director (HWD) to reflect the recent strategies to maintain safety when Resident #1 goes outside. The updates were reviewed with Resident #1, he agreed and signed the Support Plan/RASP.

7/1/24- Executive Director retrained the HWD and Health /Wellness Coordinator (HWC) regarding the community policy on updating support plans and obtaining the appropriate signatures as indicated.

7/5/24- Audit completed by the HWD and HWC on other Support Plans/RASP to verify resident signatures and compliance with community policy. The other Support Plans that were found without resident signatures, signatures were obtained after review with the appropriate parties. Completed support plans were reviewed with residents and signatures obtained according to community policy. Support Plans for those resident's on our secure dementia care unit, were reviewed with both resident and responsible party and signed by both.

Ongoing August 1, 2024- HWD or HWC will review Support Plans/RASPs as they are completed for 2 months to verify compliance with updates and signatures prior to placing in the medical record. Signatures will be obtained according to community policy.

ED will review results of reviews to determine if any further action is warranted.

Licensee's Proposed Overall Completion Date: 08/01/2024

Implemented [REDACTED] - 08/23/2024)

227h - Support Plan Refuse Sign

2. Requirements

2600.

227h - Support Plan Refuse Sign (continued)

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident # 1's Resident Assessment and Support Plan (RASP) dated [REDACTED] does not include the resident's signature or indicate if the resident is incapable of signing or refused to sign the RASP.

Plan of Correction

Accept ([REDACTED] - 08/15/2024)

6/28/24- Resident #1's Support Plan/ RASP was updated by the Health and Wellness Director (HWD) to reflect the recent strategies to maintain safety when Resident #1 goes outside. The updates were reviewed with Resident #1, [REDACTED] agreed and signed the Support Plan/RASP.

7/1/24- Executive Director retrained the HWD and Health /Wellness Coordinator (HWC) regarding the community policy on obtaining the appropriate signatures as indicated.

7/5/24- Audit completed by the HWD and HWC on other Support Plans/RASP to verify resident signatures and compliance with community policy. The Support Plans found without signatures according to community policy, those signature were obtained after review with the appropriate parties. Support Plans for those resident's on our secure dementia care unit, were reviewed with both resident and responsible party and signed by both.

Ongoing August 1, 2024- HWD or HWC will review Support Plans/RASPs as they are completed for 2 months to verify compliance with updates and signatures prior to placing in the medical record. Signatures will be obtained according to community policy.

ED will review results of reviews to determine if any further action is warranted.

Licensee's Proposed Overall Completion Date: 08/01/2024

Implemented ([REDACTED] - 08/23/2024)