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

October 15, 2024

[REDACTED], EXECUTIVE DIRECTOR
EMERITUS CORPORATION

RE: BROOKDALE HARRISBURG
3560 NORTH PROGRESS AVENUE
HARRISBURG, PA, 17110
LICENSE/COC#: 31611

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/10/2024, 07/11/2024 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BROOKDALE HARRISBURG* **License #**: *31611* **License Expiration**: *01/09/2025*

Address: *3560 NORTH PROGRESS AVENUE, HARRISBURG, PA 17110*

County: *DAUPHIN* **Region**: *CENTRAL*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *EMERITUS CORPORATION*

Address:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *11/20/1997* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *46* **Waking Staff**: *35*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint* **Exit Conference Date**: *07/11/2024*

Inspection Dates and Department Representative

07/10/2024 - On-Site:

07/11/2024 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* **Residents Served**: *35*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *24* **Residents Served**: *11*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *35*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *11* **Have Physical Disability**: *0*

Inspections / Reviews

07/10/2024 Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/08/2024*

08/12/2024 - POC Submission

Submitted By: **Date Submitted**: *10/08/2024*

Reviewer: **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/01/2024*

Inspections / Reviews *(continued)*

10/15/2024 Document Submission

Submitted By: [redacted]

Date Submitted: *10/08/2024*

Reviewer: [redacted]

Follow Up Type: *Not Required*

132a - Monthly Fire Drill

1. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of May 2023, September 2023 and December 2023.

Plan of Correction ***Accept (- 08/09/2024)***

8/1/24-To ensure ongoing compliance, the ED or designee will review monthly fire drill documentation for 4 months to verify fire drills are scheduled according to community policy.
Going forward, the Maintenance Coordinator or designee are using the TELS tracking system to track and make sure that unannounced fire drills are occurring monthly and according to the specifications in 2600.132.a

8/1/24- ED will monitor drills for 4 months to verify compliance and to determine if any further action is warranted.

Licensee's Proposed overall Completion Date: 12/30/24

Licensee's Proposed Overall Completion Date: *12/09/2024*

Implemented - 10/08/2024)

141a - Medical Evaluation

2. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident 1 was admitted to the home on . However, Resident 1 has not had an initial medical evaluation completed.

Plan of Correction ***Accept (- 08/09/2024)***

- Resident #1 had a medical evaluation completed and signed by physician prior to admission to the home. The medical evaluation was located in the back of the resident's chart and not in the correct place during survey. See attached document.

8/21/2024 -Executive Director will appropriate clinical staff on the community policy regarding securing medical evaluations.

8/8/2024 -An audit will be completed on the initial medical evaluations by the HWD or designee of current residents' medical records to verify initial medical evaluations were completed on all residents prior to admission date.

Ongoing, The HWD or designee will review medical evaluations on receipt for completion prior to admission for 3 months starting August 1, 2024.

141a Medical Evaluation (continued)

The ED will review the results of these audits to verify if any further action is warranted.

Licensee's Proposed Overall Completion Date: *11/21/2024*

Implemented - 10/08/2024)

141b1 - Annual Medical Evaluation

3. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 2's most recent medical evaluation was completed on . The resident's previous medical evaluation was completed on

Repeated Violation 05/16/2023, et al

Plan of Correction ***Accept - 08/09/2024)***

8/21/2024 Executive Director will retrain the appropriate clinical staff regarding the community policy regarding securing medical evaluations.

8/8/2024 An audit has been conducted on current resident charts to verify the medical evaluations are completed annually.

8/30/24 HWD or designee will implement a tickler system to verify that medical evaluations going forward are completed within the guideline of the community policy,

9/8/2024 HWD, Health and Wellness coordinator (HWC) and or designee will audit a sample of six (6) resident medical evaluations monthly for 3 months to verify compliance with the community policy.

The ED will review the results of these audits to verify if any further action is warranted.

Licensee's Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: *11/30/2024*

Implemented (- 10/08/2024)

183b - Meds and Syringes Locked

4. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

183b - Meds and Syringes Locked *(continued)*

Description of Violation

On [redacted], a half a bottle of [redacted] and a box of [redacted] was unlocked, unattended, and accessible in Resident 1's medicine cabinet. Resident 1 is not assessed to self-administer their medications.

On [redacted], a tube of [redacted] was unlocked, unattended, and accessible in Resident 4's medicine cabinet. Resident 4 is not assessed to self-administer their medications.

Plan of Correction ***Accept ([redacted] - 08/09/2024)***

7/11/2024- The medications were removed from the room by clinical staff.

8/6/2024- An audit was completed by the Clinical Specialists of all residents' rooms to assess for medications in resident rooms that were not in compliance with community policy.

8/21/2024 Executive Director will be retraining all appropriate clinical and management staff regarding the community policy on storage of medications in resident rooms.

8/14/2024- The ED will review the policies and regulation with residents at the Resident Council meeting. Following the meeting, the HWD or designee will complete an audit of resident's rooms in personal care for items that are not in a locked container according to policy if resident is able to self-administer. Residents will also receive an email communication from the Executive Director regarding the community policy.

Ongoing starting 8/1/24- The HWD or designee will conduct audits monthly for 3 months to verify that medications are stored according to community policy.

The ED will review the results of these audits to verify if any further action is warranted.

Licensee's Proposed Overall Completion Date: *11/15/2024*

Implemented ([redacted] - 10/08/2024)

183e - Storing Medications

5. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted], there was half a bottle of [redacted] that expired on [redacted] and a box of [redacted] that expired in [redacted] located in Resident 1's medicine cabinet.

Plan of Correction ***Accept [redacted] - 08/09/2024)***

183e - Storing Medications (continued)

7/11/2024- The expired medications were removed from the room by clinical staff.

8/21/2024 Executive Director will re-train appropriate clinical and management staff regarding the community policy.

8/14/2024- The Executive Director will be discussing the policies and regulation with residents at the Resident Council meeting. Following the meeting, the Health and Wellness Director or designee will complete an audit of resident's rooms in personal care for OTC medications, CAM, and prescription medications to ensure that items are not expired and stored appropriately. Residents will also receive an email communication from the Executive Director regarding 2600.183.e

08/15/2024 The Clinical Support Nurse will be checking resident rooms and completing an audit for OTC medications, CAM, and prescription medications to ensure that items are not expired and stored appropriately.

Ongoing the Health and Wellness Director or designee will conduct audits monthly for 3 months to verify items are stored according to community policy and not expired.

The ED will review the results of these audits to verify if any further action is warranted.

Licensee's Proposed Overall Completion Date: 08/15/2024

Licensee's Proposed Overall Completion Date: *11/15/2024*

Implemented (- 10/08/2024)

185a - Implement Storage Procedures

6. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 1 has a prescription for PRN with orders to give 2 tablets by mouth every 6 hours as needed for pain. On , this medication was not available in the home.

Resident 2 has a prescription for delayed release with orders to give 1 tablet by mouth every 24 hours as needed for . On , this medication was not available in the home.

Resident 2 had the following discrepancies in blood sugar readings between the resident's MAR (medication administration record) and the resident's glucometer:
On , the MAR had a documented blood sugar reading of . However, this reading was not

185a - Implement Storage Procedures (continued)

in the resident's glucometer.
On [redacted] the MAR had a documented blood sugar reading of [redacted]. However, this reading was not in the resident's glucometer.
On [redacted], the MAR had a documented blood sugar reading of [redacted]. However, the reading in the resident's glucometer was [redacted]
On [redacted], the MAR had a documented blood sugar reading of [redacted]. However, the reading in the resident's glucometer was [redacted]

Repeated Violation - 05/16/2023, et al

Plan of Correction ***Accept ([redacted] - 08/09/2024)***

7/11/2025-The HWD recalibrated the glucometer to verify the correct date and time. An audit was performed for other glucometers and the readings were found in compliance.

7/12/2025- HWD reordered the [redacted] for Resident # 1 and [redacted] for Resident #2 from the pharmacy and both were received.

8/21/2025-The appropriate clinical staff will be retrained on the regulation and community policy regarding the process of reordering medications.

08/15/24- HWD and or designee will complete monthly audits for 2 months to be completed by the 15th of each month ending 10/15/2024.

The ED will review the results of these audits to verify if any further action is warranted.

Licensee's Proposed Overall Completion Date: 08/26/2024

Licensee's Proposed Overall Completion Date: *10/25/2024*

Implemented ([redacted] - 10/15/2024)

187a - Medication Record

7. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
8. Frequency of administration.

Description of Violation

Resident 1 is prescribed [redacted]). The resident's medication administration record (MAR) states to give 1 capsule by mouth one time a day for [redacted]. However, the pharmacy label on the medication states "Take 2x a day".

Resident 2 is prescribed PRN [redacted]. The resident's MAR states to give 2 tablets by mouth every 8 hours as needed for fever or pain not to exceed [redacted]. However, the pharmacy label on the medication states

187a - Medication Record (continued)

"NOT TO EXCEED [redacted]".

Resident 2 is prescribed PRN [redacted]. The resident's MAR states to take as needed. However, the pharmacy label on the medication states to take 1 time a day, daily at night.

Plan of Correction ***Accept ([redacted] - 08/09/2024)***

8/21/2024 -Appropriate clinical staff will be retrained by the Clinical Specialist on the regulation and Brookdale policies and procedures regarding frequency of administration and checking for accuracy on all pharmacy orders by the Clinical Specialist.

8/30/2024 Omnicare Pharmacy will be contacted to schedule an audit of all medication administration records and the medication labels on all medications to verify accuracy

9/30/24 Monthly medication cart and MAR's will be audited by the HWC or designees for accuracy of orders and labels and compliance with the community policy.

The ED will review the results of these audits to verify if any further action is warranted.

Licensee's Proposed Overall Completion Date: 9/30/2024

Licensee's Proposed Overall Completion Date: *09/30/2024*

Implemented ([redacted] - 10/15/2024)

187c - Refusal of Medication

8. Requirements

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On the following dates and times, Resident 2 refused to take a scheduled dose of the following medications:
On [redacted] at [redacted] the resident refused his/her [redacted]
On [redacted] at [redacted] the resident refused his/her [redacted]
On [redacted] at [redacted] the resident refused his/her [redacted]

187c Refusal of Medication (continued)

On at the resident refused his/her
On t the resident refused his/her
On t the resident refused his/her for).
From , the resident refused his/her during the day shift.
On at , the resident refused his/her arthritis pain tablet extended release

The home did not report these refusals to the prescriber.

Plan of Correction ***Accept (- 08/12/2024)***

8/21/24 Appropriate clinical staff will be retrained regarding the community policy and procedures regarding resident refusal of medications and reporting to the prescriber within 24 hours by the Clinical Specialist or designee.

8/30/24 HWD or Designee will complete weekly audits for 3 months on the MAR's for resident refusals and compliance with notifying the prescriber.

9/30/24 ongoing Monthly MAR audits conducted by the Health and Wellness Director or Designee will be another check for resident refusals.

The ED will review the results of these audits to verify if any further action is warranted.

Licensee's Proposed Overall Completion Date: 9/30/2024

Licensee's Proposed Overall Completion Date: *09/30/2024*

Implemented - 10/15/2024)

187d - Follow Prescriber's Orders

9. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 3 is prescribed tablet , with orders to take one tablet by mouth 3 times a day for . This medication was not administered on .

Resident 5 is prescribed tablet , with orders to take one tablet by mouth 3 times a day for unspecified This medication was not administered on

Resident 1 is prescribed with orders to give 1 tablet by mouth before meals for . On , this medication was not administered to the resident.

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction ***Accept (- 08/12/2024)***

8/21/2024- Appropriate clinical staff will be retrained on the regulation and community policies and procedures regarding following the directions of the prescriber. When medications are not able to be administered as ordered medical technicians and clinical staff must immediately notify the HWD/or designee and prescriber.

08/30/2024- Audit will be conducted by the HWC or designee to verify that medications were administered as ordered.

9/30/24 Ongoing HWD or designee will audit the MAR's weekly for 3 months to verify that the medications that are ordered are administered to the residents.

The ED will review the results of these audits to verify if any further action is warranted.

Licensee's Proposed Overall Completion Date: 9/30/2024

Licensee's Proposed Overall Completion Date: *09/30/2024*

Implemented - 10/15/2024)

202 - Prohibitions

10. Requirements

2600.
202. The following procedures are prohibited:
   4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident 3 is prescribed medication to control episodic behaviors as described in the following orders:
- with orders to in the afternoon .
- with orders to give 1 tablet by mouth 3 times a day for .
- with orders to apply to topically every 4 hours as needed for

Plan of Correction ***Accept (08/09/2024)***

8/6/2024- The orders for Resident # 3 were clarified and updated with the physician and reasons for use were updated by the Clinical Specialist.

08/9/2024 HWD and or licensed designee will review with the prescribing physician revising the physician orders that are deemed by the department as a chemical restraint and review the regulation with the physician.

202 Prohibitions (continued)

8/15/2024 Appropriate clinical staff will be retrained on the regulation and Brookdale policies and procedures regarding the community policy.

8/15/24 HWD and or designee will audit physician orders relating to behaviors to verify that the descriptions for use are in accordance with the community policy for medication administration.

Ongoing, the HWD and other appropriate clinical staff will report any physician written orders that would be viewed as chemical restraints after reviewing prescriber orders.

9/1/24 Ongoing HWD or designee will audit the MAR's weekly for 3 months to verify that the medications that are ordered are administered to the residents.

The ED will review the results of these audits to verify if any further action is warranted.

Licensee's Proposed Overall Completion Date: 11/29/2024

Licensee's Proposed Overall Completion Date: *11/29/2024*

Implemented [redacted] - 10/15/2024)

224a - Preadmission Screen Form

11. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 1's preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction ***Accept ([redacted] - 08/12/2024)***

08/21 /2024 The ED will retrain the appropriate clinical staff on the community policy regarding documentation to be included in the preadmission screening form.

08/15/2024 The Clinical Specialist and or designee will complete an audit for the pre screens to verify that the pertinent information is completed on the forms.

Ongoing 8/15/24 HWD or designee will review required admission documents prior to move in, the final paperwork for the resident file will be audited by the Executive Director for accuracy for 3 months.

ED will review the audit results to verify if any further actions are required.

Licensee's Proposed Overall Completion Date: *11/29/2024*

224a Preadmission Screen Form *(continued)*

Implemented (- 10/15/2024)

225a Assessment 15 Days

12. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 1 was admitted on however, the resident's initial assessment was not completed until

Plan of Correction ***Accept - 08/12/2024)***

08/21 /2024 The ED will retrain the appropriate clinical staff on the community policy regarding documentation to be included in the preadmission screening form.

08/15/2024 The Clinical Specialist and or designee will complete an audit for the pre-screens to verify that the pertinent information is completed on the forms.

Ongoing 8/15/24- HWD or designee will review required admission documents prior to move-in, the final paperwork for the resident file will be audited by the Executive Director for accuracy for 3 months.

ED will review the audit results to verify if any further actions are required.

Licensee's Proposed Overall Completion Date: 08/30/2024

Licensee's Proposed Overall Completion Date: *11/29/2024*

Implemented (- 10/08/2024)

231c Preadmission Screening

14. 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 5 was admitted to the Secure Dementia Care Unit (04/12/2024.

Plan of Correction ***Accept (08/09/2024)***

231c - Preadmission Screening (continued)

08/14/2024 The Executive Director retrained the appropriate clinical staff on the community policy regarding cognitive prescreen completion prior to admission to Secure Dementia Care Unit (SDCU).

08/15/2024 The Clinical Specialist and designee will complete an audit on the pre–admission screening forms for current residents in the SDCU.

Ongoing starting 8/15/24- HWD or designee will review required admission documents prior to move-in to the SDCU for 3 months and as indicated. ED will provide a final review and determine if any further information or action is required.

ED will review the audit results to verify if any further actions are required.

Licensee's Proposed Overall Completion Date: 08/30/2024

Supporting documentation: staff training attendance

Licensee's Proposed Overall Completion Date: *11/29/2024*

Implemented (- 10/15/2024)

233c - Key-Locking Devices

15. Requirements

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On at the directions for operating the home's locking mechanism were not conspicuously posted near the doors in the Secure Dementia Care Unit (SDCU) in the following locations:
The door exiting or entering the SDCU to the SDCU courtyard.
The door exiting the SDCU courtyard to the back yard.

Plan of Correction ***Accept (- 08/09/2024)***

07/10/2024- Executive Director posted the codes on the SDCU exits and entrances by the courtyard.

7/11/2024- Management staff were retrained by the ED on the community policy regarding key-locking device signage.

Ongoing 8/1/24- The Clare Bridge Coordinator or designee from the SDCU will audit the entrances and exits weekly for 3 months to verify door locking codes are posted according to community policy.

ED will review the audit results to verify if any further actions are required.

Licensee's Proposed Overall Completion Date: 07/30/2024

233c - Key-Locking Devices (continued)

Licensee's Proposed Overall Completion Date: *10/30/2024*

Implemented (█ - 10/15/2024)

254a - Records Discharge/Active

16. Requirements

2600.
254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 07/10/2024 at 10:38 AM, the privacy coding, which contains resident names, from the most recent license inspection summary (LIS) was posted in the common area of the home.

Plan of Correction ***Accept (█ - 08/12/2024)***

7/10/24- Executive Director removed the privacy coding from the licensing inspection report posted in the common area in the community.

7/11/2024- Management staff were re-trained by the ED on the community policy regarding confidentiality of records.
Ongoing, the Executive Director and or designee will review license inspection report postings to verify confidentiality is maintained as indicated. ED will determine if any further action is warranted.
Licensee's Proposed Overall Completion Date: 07/30/2024
Supporting documentation: training attendance record

Licensee's Proposed Overall Completion Date: *07/30/2024*

Implemented (█ - 10/08/2024)