

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

July 22, 2025

[REDACTED]
BROOKDALE SENIOR LIVING COMMUNITIES INC
[REDACTED]
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/22/2025 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 MURRYSVILLE* License #: *42868* License Expiration: *02/19/2026*
 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: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *66* Waking Staff: *50*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *05/22/2025*

Inspection Dates and Department Representative

05/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *42* Residents Served: *33*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Facility* Capacity: Residents Served: *33*

Hospice
 Current Residents: *6*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *33* Have Physical Disability: *0*

Inspections / Reviews

05/22/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/22/2025*

06/23/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/10/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/27/2025*

Inspections / Reviews *(continued)*

07/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/10/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/31/2025

07/22/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/10/2025

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] at approximately 8:00 pm., staff person A was asked to assist a coworker with getting resident [redacted] dressed for bed due to resident [redacted] being anxious and grabbing at staff and clothing. Staff person A held resident [redacted] hand to help calm and distract. Once the resident was dressed, resident [redacted] was asked to lie down in bed. Resident [redacted] just stood there. After waiting 2-3 seconds for the resident to respond, staff person A was observed, with open hands, pushing resident [redacted] on the chest, causing resident [redacted] upper body to fall back onto the bed, jerking the resident's head. The resident said "ouch", and appeared shocked by the actions of staff person A. Resident [redacted] began kicking [redacted] legs as staff person A was placing resident [redacted] legs onto the bed. Staff person A, in a loud voice told resident [redacted] "stop it". Staff person A pulled up the resident's blankets, turned on the tv, shut off the lights and left the bedroom.

Plan of Correction

Accept [redacted] 06/23/2025)

Staff member A was immediately asked to leave the community and suspended pending investigations. Staff Member A was a agency staff and the community requested Staff member A not to return to the community. 5/21/25 All Staff including agency staff were re-educated on mandatory reports of abuse and neglect under the older adult protective service act. This was done by the HWD and the HWC.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented ([redacted] - 07/22/2025)

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [redacted] did not receive any of the required orientation training.

Plan of Correction

Accept [redacted] 07/10/2025)

5/14/25 and ongoing-All the agency providers were sent out the Brookdale orientation packets by the executive director to be reviewed and signed prior to their first day working in the community. On the first day at the community, the maintenance director or the executive director will meet with the agency staff to complete a tour of the building and review evacuation procedures and emergency procedures before they begin their shift. All direct care staff receive this training during the 1st week of orientation. These are reviewed annually.

65a FS Orientation 1st Day (continued)

5/21/25 All staff, including agency staff, were re educated on mandatory reporting of abuse and neglect under the Older Adult Protective Services Act by the executive director (ED) and the health and wellness director (HWD).

Proposed Overall Completion Date: 06/24/2025

By 7/20/25: Staff person A, if still working in the home, shall be given an orientation training that includes all of the topics required by 2600.65a. Documentation of this orientation training shall be kept.

Licensee's Proposed Overall Completion Date: 06/24/2025

Implemented [redacted] 07/22/2025)

65b - Rights/Abuse 40 Hours

3. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed [redacted] 40th scheduled work hour prior to [redacted]. However, this staff person did not complete any of the required orientation training.

Plan of Correction

Accept [redacted] - 07/10/2025)

5/21/25 and ongoing Direct care staff receive this training during the 1st week of orientation. They are reviewed annually.

5/21/2025 & ongoing Staff person A will no longer be working in the community. All new agency staff orientation will be audited to verify that they read and signed the Brookdale orientation packet and had the tour of the community with the maintenance director. This will be done by the ED or HWD.

Licensee's Proposed Overall Completion Date: 06/24/2025

Implemented [redacted] - 07/22/2025)

234b - Support Plan Needs Elements

4. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The home has developed and implement their own Personal Service Assessment (PSA) in place of the Department's Resident Assessment Support Plan (RASP). The PSA, dated [redacted], for resident [redacted] does not address the need for transferring, ambulation, supervision, and mobility in the event of an emergency. These areas are missing.

234b - Support Plan Needs Elements (continued)

Plan of Correction

Accept [REDACTED] - 07/10/2025)

As of 1/1/2025-The PA's department Resident Assessment Plan (RASP) has been implemented to be completed for all new residents annually and with any significant changes.

6/25/2025 and ongoing-the HWD and HWC will audit all the charts for compliance and update any that are not in compliance.

Licensee's Proposed Overall Completion Date: 06/24/2025

Implemented [REDACTED] 07/22/2025)