

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

July 17, 2025

[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 06/05/2025 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: *5300 OLD WILLIAM PENN HIGHWAY, EXPORT, PA, 15632*  
 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: *68* Waking Staff: *51*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *06/05/2025*

**Inspection Dates and Department Representative**

06/05/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *42* Residents Served: *34*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *whole bld* Capacity: Residents Served: *34*

**Hospice**  
 Current Residents: *13*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *34*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *34* Have Physical Disability: *0*

**Inspections / Reviews**

06/05/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/26/2025*

06/26/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *07/17/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/07/2025*

Inspections / Reviews *(continued)*

07/17/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/5/25, at approximately 10:55 a.m., there was a used yellow toothbrush in the semiprivate bathroom's medicine cabinet located in the semi-private resident room occupied by resident #1 and #2.

Plan of Correction

Accept (█) - 06/26/2025)

6/5/2025 The yellow toothbrush was removed from the semi-private room. Family was asked to replace toothbrush for both residents to verify each resident has a toothbrush. Resident #1's and Resident #2 personal hygiene supplies were labeled and stored according to regulations.

6/08/2025-Audits on all resident's rooms were completed to verify personal hygiene items are not left in the room unlabeled and not properly stored.

6/10/25—The Health and Wellness Director (HWD) will verify that all new resident's personal hygiene supplies will be labeled upon arrival and placed into a bin labeled with Rm#.

6/10/2025—HWD completed re-education with care associates regarding proper storage of personal hygiene supplies.

6/24/2025-Ongoing compliance—The HWD and or designee will audit 5 random rooms weekly x 4 weeks and monthly x 2 months to verify personal hygiene items are properly labeled and stored.

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

Implemented (█) - 07/17/2025)

85d - Trash Receptacles

2. Requirements

2600.  
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 6/5/25, at 11:12 a.m., there was a 1/3 full, uncovered, unattended trash can in the semiprivate bathroom located in resident room #C3.

Plan of Correction

Accept (█) - 06/26/2025)

6/5/2025—Trash lids were placed immediately once discovered by the surveyor. This is part of the MOD's weekly checklist and is completed when room checks are done.

6/18/25 The executive director (ED) retrained staff. including maintenance and housekeeping of the policy to verify garbage cans have a covered lid in resident's room.

6/16/2025 Maintenance and housekeeping did a complete audit of all the garbage cans in the community. The ED

85d - Trash Receptacles (continued)

then immediately placed an order for new garbage cans that the inspector approved during the visit. The garbage cans that the inspector on 2/6/25 did not approve were replaced upon delivery of the new ones.

6/20/2025 & ongoing—the housekeeping and maintenance staff will complete weekly audits X 4 weeks and monthly to verify the garbage cans have covered lids.

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

Implemented ( ) - 07/17/2025)

86b - Bathroom

3. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The semi-private bathroom located in resident room #C3, does not have an operable window or ventilation fan. The ventilation fan is inoperable and there is no window in the bathroom.

The bathroom located in resident room #C6, does not have an operable window or ventilation fan. The ventilation fan is inoperable and there is no window in the bathroom.

The common bathroom located in B hall, does not have an operable window or ventilation fan. The ventilation fan is inoperable and there is no window in the bathroom.

The bathroom located in resident room #D8, does not have an operable window or ventilation fan. The ventilation fan is inoperable and there is no window in the bathroom.

Plan of Correction

Accept ( ) - 06/26/2025)

6/23/25—These fans have been ordered and installed in C3, C6, D8, and the B hall bathroom. Maintenance Director is in the process of getting bids for the work to be completed.

6/20/2025- Audit was completed on all resident rooms to verify working ventilation fans and/or window fans.

6/23/25—Ventilation fans were ordered for all additional non-working ventilation fans.

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

Implemented ( ) - 07/17/2025)

88a - Surfaces

4. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There is multiple ceiling tiles displaced from the tiled ceiling located immediately in front of the rear exit located in B Hall.

**88a - Surfaces (continued)**

*There is multiple ceiling tiles displaced from the tile ceiling located immediately in front of home's main kitchen's entrance.*

*The ceiling tile is missing from the tiled ceiling in the laundry room immediately next to D Hall.*

**Plan of Correction**

Accept (█) - 06/26/2025

*6/5/2025-Ceiling tiles were immediately replaced while the inspectors were in the community.*

*6/18/25—The ED completed re-education with managers to review and audit displaced ceiling tiles when they are manager on duty.*

*6/18/2025 & ongoing The Manager on Duty (MOD) will complete a weekly audit of displaced ceiling tiles and report it to the ED every Monday.*

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

Implemented (█) - 07/17/2025

**101j7 - Lighting/Operable Lamp****5. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

*Resident #3 does not have access to a source of light that can be turned on/off at bedside.*

**Plan of Correction**

Accept (█) - 06/26/2025

*6/5/2025 This light was corrected while the surveyors were still at the community.*

*6/10/25-A complete audit of all resident rooms was completed to verify each resident has a source of light that can be turned on at their bedside. Any resident without a light was corrected immediately.*

*6/10/2025 & ongoing—The MOD will complete weekly audits to verify working bedside lamps for all residents and report to the ED.*

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

Implemented (█) - 07/17/2025

**103e - Left Overs****6. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*There was an unlabeled, undated clear plastic bag of 15 sweetish meatballs in freezer #1 located in the home's main kitchen.*

103e - Left Overs (continued)

Plan of Correction

Accept (█) - 06/26/2025)

6/5/2025 Once notified, these were immediately discarded.

6/20/2025 The ED retrained the dining Director and cooks on the policy to verify products are labeled, dated, and sealed within regulatory compliance.

6/18/2025-Ongoing- The ED, dining director, or designee will complete a daily audit for 1 week and weekly after for 2 months to verify items are labeled correctly and sealed per community policy.

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

Implemented (█) - 07/17/2025)

183b - Meds and Syringes Locked

7. 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.

Description of Violation

At 10:55 a.m., a small medications cup of Nystatin Powder was unlocked, unattended, and accessible in the medicine cabinet located in semi-private bathroom of resident room #C3.

At 10:55 a.m., a small medication cup of Zink Oxide Skin Care was unlocked, unattended, and accessible in the medicine cabinet located in semi-private bathroom of resident room #C3.

Plan of Correction

Accept (█) - 06/26/2025)

6/5/2025—The small medication cups in resident's room #C3 were immediately removed and stored according to regulations.

6/18/25—The HWD re-educated the clinical staff on the proper storage of all over-the-counter medications per state and Brookdale policy.

6/18/2025 & ongoing—The care associated will audit resident rooms daily x 1 week and weekly x 4 weeks to verify over-the-counter medications are properly labeled and stored. The HWD or ED will review audits for compliance.

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

Implemented (█) - 07/17/2025)

185a - Implement Storage Procedures

8. 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.

## 185a - Implement Storage Procedures (continued)

**Description of Violation**

Resident #1 was ordered Morphine sulfate oral solution 20 ml give .5 ml by mouth every 2 hours as needed for moderate pain. Rx # 11186182, (2.5 ml syringes quantity of 5 total syringes of 2.5 ml) was deliver to the home on 9/20/24, at 11:41 a.m. Resident #1's medication administration records from 9/1/24, through 6/5/25, indicate no administrations of the medication. However, there are no records indicated the home destroyed the medication.

Resident #1 was prescribed tramadol 25 mg take one tablet by mouth 2 a day for pain. The medication was administered on 5/26/25 at 9:04 p.m., and 5/27/25, at 9:29 p.m. However, there were no staff signatures in the medication's narcotic log's corresponding fields.

Resident #4 was prescribed Lorazepam oral concentrate mg / ml give .25 ml sublingually every 6 hours as needed for anxiety / restlessness. Rx# 1216265 ordered a quantity of 15 prefilled syringes of Lorazepam. At approximately 2:45 p.m., there were 13 prefilled syringes present in the home. Resident #4's May 2025, medication administration record indicated one administration of the medication occurring on 5/25/25. The medication's corresponding narcotic log documentation indicated no administrations.

**Plan of Correction**

Accept (█) - 06/26/2025)

6/18/25 The HWD completed re-educating med techs and LPNs on properly destroying medications per community policy. Re-education was also completed on accepting and documenting medications received into the community.

6/18/2025—The HWD completed re-education on proper documentation of narcotic audit forms per community and state regulations. Med techs and LPNs will immediately log narcotics into the narcotics book and label and place them in the medication room in the proper storage location. All expired and/or discounted meds are recorded in the narcotic book as well as the medication disposal log. All narcotics and medications are disposed of per community policy.

6/5/2025 - and ongoing compliance. The HWD and/or designee will audit narcotic forms weekly to verify narcotics are being properly documented.

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

Implemented (█) - 07/17/2025)

## 187a - Medication Record

**9. Requirements**

2600.

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

**Description of Violation**

Resident #4 is prescribed pravastatin sodium oral tablet 40 mg to give one tablet by mouth at bedtime related to hyperlipidemia. This medication was not administered on 5/31/25; however, it is indicated as being administered on the resident 's medication administration record.

**Plan of Correction**

Accept (█) - 06/26/2025)

6/5/2025—At the time of discovery, while the surveyors were still in the community, this documentation was corrected by the med tech and shown to the surveyor.

187a - Medication Record (continued)

6/18/2025 The HWD completed re-education for the med techs and LPNs on medication administration and proper documentation per state regulations and community policy.

6/5/2025—Weekly audits will be completed by HWD or HWC to verify that all med techs/LPNs are accepting medication and completing the proper documentation. Medtech will review logs daily for missing signatures and report to HWD/HWC.

6/13/25 and ongoing—HWD or HWC will audit med carts weekly and review for any non-compliance and re-education with the staff.

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

Implemented ( ) - 07/17/2025

187d - Follow Prescriber's Orders

10. Requirements

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

Description of Violation

Resident #1 was ordered antidiary oral solution 1 mg/ 7.5 ml give 15 ml by mouth two times a day for diarrhea. However, this medication was not administered to resident #1 on 5/5/25, at 8:00 a.m., because the medication was not in the home.

Resident #3 was prescribed pravastatin sodium oral tablet 40 mg give one tablet by mouth at bedtime related to hyperlipidemia. However, this medication was not administered to resident #3 on multiple dates to include 5/30/25, because the medication was not available in the home.

Plan of Correction

Accept ( ) - 06/26/2025

6/18/2025—The HWD re-educated Med Techs and LPNs on the timely ordering of medications and reporting missing medications to the HWD or HWC.

6/13/2025 and ongoing: HWD and HWC will audit med carts weekly and review for any non-compliance and re-education with staff. HWD or HWC will complete weekly missing medication reports to verify medications are available.

Licensee's Proposed Overall Completion Date: 06/25/2025

Implemented ( ) - 07/17/2025