



Pennsylvania Department of Human Services

Emailing Date: August 7, 2025

[REDACTED]
[REDACTED]
Emeritus Corporation
[REDACTED]
[REDACTED]

RE: Brookdale Grayson View
20 Grayson View Court
Selinsgrove, Pennsylvania 17870
License #: 227930

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on June 10, 2025 and June 11, 2025, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

August 5, 2025

[REDACTED]
EMERITUS CORPORATION
[REDACTED]
[REDACTED]

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 06/10/2025, 06/11/2025 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 GRAYSON VIEW* License #: *22793* License Expiration: *06/27/2025*
 Address: *29 GRAYSON VIEW COURT, SELINSGROVE, PA 17870*
 County: *SNYDER* Region: *NORTHEAST*

Administrator

Name: [REDACTED]

Legal Entity

Name: *EMERITUS CORPORATION*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/19/2000* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *89* Waking Staff: *67*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *06/11/2025*

Inspection Dates and Department Representative

06/10/2025 - On-Site: [REDACTED]
 06/11/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *95* Residents Served: *67*

Secured Dementia Care Unit
 In Home: *Yes* Area: *unit* Capacity: *24* Residents Served: *13*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *67*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *22* Have Physical Disability: *0*

Inspections / Reviews

06/10/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/11/2025*

POC Submission

y: [REDACTED] Date Submitted: *07/17/2025*
 Follow-Up Type: *Document Submission* Follow-Up Date: *07/21/2025*

Inspections / Reviews (*continued*)

07/28/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 06/08/2025, Resident 6 had a medication error. The home did not report this incident to the department until 06/11/2025.

Repeat violation: 10/30/2024

Plan of Correction

Accept [redacted] - 07/14/2025)

6/11/25- Reportable incident form filed with DHS regarding unavailable medication on 6/11/25.

6/9/25- Medication available and administered to Resident 6

6/11/25- Health & Wellness Director (HWD) completed re-education for this Medication Technician on process for reporting medication that are not available.

6/13/25- Executive Director (ED) completed re- training with the Health & Wellness Director (HWD) and Health & Wellness Coordinator (HWC) regarding state regulation, timely reporting and community process for unavailable medications.

6/18/25- HWD completed re-education with all med techs on process for reporting medications that are not available, and state regulations for reporting.

7/16/25- The Executive Director or designee will in-service the Med Techs and current department managers on Reportable Incidents and requirements for reporting (2600.16c).

ED/Designee to audit administration of prescribed medication reports. HWD/HWC or designee will audit the PCC dashboard/ and 24 hour weekly for 5 weeks and monthly for two months to verify availability and delivery of medications.

To assist with ongoing compliance the Health & Wellness Director (HWD), or designee, will report to the Executive Director if there is an occurrence that is potentially a reportable event. A Reportable Incident will be completed and submitted to the Department within 24hours of the incident occurring, as required. A Reportable Incident Log will be maintained, noting information such as date and time of incident and date and time reported to the Department.

Licensee's Proposed Overall Completion Date: 10/11/2025

Update: 07/14/2025

Please provide verification of all re-education and re-trainings completed with staff.

Please provide verification of audits completed by ED/Designee.

Evidence of Completion

Implemented [redacted] - 07/18/2025)

See attached.

Update: 07/18/2025

Verified with documents and on-site verification completed 7/24/2025.

88a - Surfaces

2. Requirements

2600.

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

88a - Surfaces (continued)

Description of Violation

The floor of bedroom [redacted] occupied by resident 1 is covered with papers, discarded cups, reading material, food crumbs and other debris which create a slip/fall risk.

Plan of Correction

Accept [redacted] 07/14/2025)

6/11/25- Bedroom [redacted] was immediately cleaned by housekeeping and free of hazards.

6/13/25- An audit was completed by the HWD and ED on apartments to assess for fall risks.

6/12/25 – Re- training completed with direct care staff and housekeeping by ED on identifying apartment clutter and the reporting of conditions.

6/13/25- The ED re- trained the HWD and HWC on regulation 88a.

6/18/25- Staff educated on regulation 88a. Housekeeping to clean apartment [redacted] weekly.

To assist with ongoing compliance- ED and or designee to audit 10 different apartments weekly for 4 weeks , then monthly for 2 months.

Licensee's Proposed Overall Completion Date: 10/11/2025

Update: 07/14/2025

Please provide verification of education/trainings provided to staff regarding this regulation.

Please provide verification of room audits.

Evidence of Completion

Implemented [redacted] - 07/18/2025)

See attached.

Update: 07/18/2025

Verified with documents and on-site verification completed 7/24/2025.

183b - Meds and Syringes Locked

3. 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

A small salmon colored pill which was identified as Rosuvastation – Calcium 20 mg. was found on the floor of bedroom [redacted] occupied by resident 1

Plan of Correction

Accept [redacted] - 07/14/2025)

6/11/25- Pill removed from floor and discarded by HWD.

6/12/25- An audit was completed of any other residents who store medications in their apartments. These apartments and the residents were found to be in compliance.

6/13/25- ED re-educated HWC and HWD on the community policy pertaining to medication storage.

6/18/25- Direct care staff and housekeeping staff were re- educated on the community policy pertaining to medication storage.

To assist with ongoing compliance, the ED/Designee will audit the apartments of those residents who store medication in their room weekly for two months.

Licensee's Proposed Overall Completion Date: 09/11/2025

183b - Meds and Syringes Locked (continued)

Update: 07/14/2025

Please provide verification of room audits and education provided to staff.

Evidence of Completion

Implemented (████) - 07/18/2025)

See attached.

Update: 07/18/2025

Verified with documents and on-site verification completed 7/24/2025.

184a - Resident's Meds Labeled

4. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident 4 has a straight order for Gabapentin 300MG to be administered once daily. At 9:45a.m., the Medication Administration Record states that the medication has a 300MG dosage, but the medication label states a 100MG (3 capsules) dosage.

Plan of Correction

Accept (████) - 07/14/2025)

6/11/25- 'Change of direction' red label immediately applied to medication label to alert staff of discrepancy.

6/11/25- Physician notified by HWD and order obtained to clarify order for 3 -100mg capsules. Order and medication label match.

6/13/25- ED retrained HWD and HWC on the community policy for labeling on medications.

6/18/25- The HWD retrained the Medication Technicians on community policy for labeling of medications. The Medication Technicians shall alert a supervisor to any orders that do not match the medication label.

To assist with ongoing compliance, the ED or Designee shall conduct audits on 15 to 20 medications weekly for two (2) months to verify orders match the medication labels.

Licensee's Proposed Overall Completion Date: 09/11/2025

Update: 07/14/2025

Please provide verification of training provided to staff.

Please provide verification of audits.

Evidence of Completion

Implemented (████) /18/2025)

See attached.

Update: 07/18/2025

Verified with documents and on-site verification completed 7/24/2025.

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident 6 has straight order for Lactobacillus tablets to be administered twice daily. The Medication Administration

187d - Follow Prescriber's Orders (continued)

Record had documented that on 06/08/2025, the medication was not given due to pharmacy action required. During completed staff interviews, it was stated that this option is chosen because the pharmacy did not deliver the medication.

Repeat violation: 8/27/2024, et al, 10/30/2024.

Plan of Correction

Accept [redacted] - 07/14/2025)

6/9/25 Medication available and administered to Resident 6

6/11/25-Medication found to be unavailable during report audit.

6/11/25- Health & Wellness Director (HWD) completed re-education for this Medication Technician on process for reporting medication that are not available.

6/13/25- Executive Director (ED) completed re- training with the Health & Wellness Director (HWD) and Health & Wellness Coordinator (HWC) regarding the community process for unavailable medications.

6/18/25- ED and HWD completed re-education with Medication Technicians on process for reporting medications that are not available.

To assist with ongoing compliance, the ED or Designee shall audit administration of prescribed medication reports weekly for five (5) weeks. The HWD/HWC or designee shall review the PCC dashboard and 24 hour report five (5) times a week for four (4) weeks, and then monthly for two (2) months, to verify medications are delivered, available, and administered.

Licensee's Proposed Overall Completion Date: 10/11/2025

Update: 07/14/2025

Please provide verification that medication is now available for Resident 6.

Please provide verification of staff training.

Please provide verification of audits.

Evidence of Completion

Implemented [redacted] - 07/18/2025)

See attached.

Update: 07/18/2025

Verified with documents and on-site verification completed 7/24/2025.

231c - Preadmission Screening

6. 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

The cognitive screening for resident 2 who was admitted to the secured dementia care unit on [redacted]/24 was completed on 10/16/24.

Repeat violation: 8/27/2024, et al.

231c - Preadmission Screening (continued)

Plan of Correction

Accept [redacted] - 07/14/2025)

6/10/2025- Resident 2 prescreening is current, accurate and unable to be backdated .

6/12/25 Audits were completed by the HWD on the current secured dementia unit (SDU) The prescreening assessments. Current SDU pre-screening assessments were found to be in compliance and completed within 72 hours of admission to SDU.

6/13/25 ED re- educated the HWD and HWC on the time frame of completion for prescreening assessments in the SDU.

To assist with ongoing compliance, the ED/Designee shall review all new admissions to the SDU for 2 months to verify that written cognitive preadmission screening is completed for each resident within 72 hours of admission.

Licensee's Proposed Overall Completion Date: 09/11/2025

Update: 07/14/2025

Please provide verification of audits and of training provided to staff.

Evidence of Completion

Implemented [redacted] - 07/18/2025)

See attached.

Update: 07/18/2025

Verified with documents and on-site verification completed 7/24/2025.

234a - Admission Support Plan

7. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

The initial support for resident 3 who was admitted to the secured dementia care unit on [redacted] 25 was completed on 1/31/25.

Plan of Correction

Accept [redacted] - 07/14/2025)

6/12/25- Audits completed on current SDU resident support plans by the HWD.

6/13/25-The ED re-educated the HWD/HWC on the time frame for completion of the support plans for the SDU residents. Current support plans are accurate and current.

To assist with ongoing compliance the ED/Designee will review new admissions to the SDU for 2 months to verify support plan completion within 72 hours of the admission, or within 72 hours prior to the resident's admission.

Licensee's Proposed Overall Completion Date: 09/11/2025

Update: 07/14/2025

Please provide verification of training provided to staff.

Please provide verification of review of new admissions to the SDCU.

Evidence of Completion

Implemented [redacted] - 07/18/2025)

See attached.

234a - Admission Support Plan (continued)

Update: 07/18/2025

Verified with documents and on-site verification completed 7/24/2025.

252 - Record Content

8. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

The records of residents 1, 4, 5, and 6 do not have the eye color, hair color and identifying marks listed.

Plan of Correction

Accepted [redacted] 07/14/2025)

6/10/2025- The records for Resident 1, 4,5 and 6 were updated and completed for eye color, hair color and identifying marks.

6/10/25- The HWD completed an audit on current residents. HWD updated and completed corrections needed and identified on 6/10 audit.

6/13/25- ED re-educated HWD and HWC on the information needed on resident records.

To assist with ongoing compliance the ED or Designee will audit ten (10) resident profile sheets weekly for two (2) months. Audit will include new admissions.

Licensee's Proposed Overall Completion Date: 09/11/2025

Update: 07/14/2025

Please provide verification of updated records for Resident's 1, 4, 5, & 6.

Please provide verification of staff training and audits of resident records.

Evidence of Completion

Implemented [redacted] - 07/18/2025)

See attached.

Update: 07/18/2025

Verified with documents and on-site verification completed 7/24/2025.