

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

September 3, 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 07/15/2025, 07/16/2025 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: *68* Waking Staff: *51*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *07/21/2025*

**Inspection Dates and Department Representative**

07/15/2025 - On-Site: [REDACTED]  
 07/16/2025 - Off-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: *FACILITY* Capacity: *42* Residents Served: *34*

**Hospice**  
 Current Residents: *1*

**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**

07/15/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/07/2025*

08/06/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *08/18/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/13/2025*

Inspections / Reviews *(continued)*

08/18/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/18/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/25/2025

09/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/18/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED], the following allegations of caregiver neglect were made to the home. However, these allegations were not reported to the local Area Agency on Aging:

\* On [REDACTED], at approximately 2:22 am., staff person A enter resident # [REDACTED] bedroom to provide incontinence care. In an angry voice staff person A informed resident [REDACTED] of brief changing and to not kick [REDACTED] as [REDACTED] did in the past. Staff person A directed resident [REDACTED] to roll over. When resident [REDACTED] did not follow staff person A's directive, staff person A stated multiple times "are you refusing" and then left resident # [REDACTED] bedroom stating "ok, then you stay like that", and left resident [REDACTED] without a brief on and a family member to complete incontinence care.

\* On [REDACTED] at approximately 4:05 am., staff person A entered resident [REDACTED] bedroom to provide incontinence care. As resident [REDACTED] became agitated, a family member held resident # [REDACTED]'s hands as staff person A changed resident [REDACTED]'s brief. During this time staff person accused resident [REDACTED] of kicking [REDACTED]. Staff person A left resident [REDACTED] bedroom, leaving a family member complete incontinence care.

Plan of Correction

Directed [REDACTED] - 08/18/2025

Brookdale Murrysville will report any abuse or neglect to Protective services with in 48hours with a verbal report and then will follow up with the ACT 13 submitted. [REDACTED] 8/15/25

Brookdale Murrysville will continue to monitor that these reports are done immediately after the alleged allegation.

Proposed Overall Completion Date: 08/06/2025

Directed:

By 8/19/25 and ongoing, the administrator or designee will immediately call the local Area Agency on Aging to report any allegations of abuse. Within 48 hours of the initial verbal report, the administrator or designee will submit a Mandatory Abuse Reporting Form to the local Area Agency on Aging.

[REDACTED] 8/18/25

Directed:

By 8/25/25, the administrator will educate all staff regarding the requirement to immediately call the local Area Agency on Aging to report any allegations of abuse. Within 48 hours of the initial verbal report, the administrator or designee will submit a Mandatory Abuse Reporting Form to the local Area Agency on Aging. Documentation will be kept.

[REDACTED] 8/18/25

Directed:

By 8/25/25 and weekly thereafter, the administrator or designee will audit all allegations of abuse to ensure all allegations of abuse are immediately called in to the local Area Agency on Aging, and within 48 hours of the initial verbal report, a Mandatory Abuse Reporting Form is submitted to the local Area Agency on Aging. Documentation will be kept.

15a Resident Abuse Report (continued)

8/18/25

Proposed Overall Completion Date: 08/22/2025

Directed Completion Date: 08/22/2025

Implemented ( ) - 09/03/2025)

16c - Written Incident Report

2. 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 [redacted] the following allegations of caregiver neglect were made to the home. However, these allegations were not reported to the Department:

\* On [redacted], at approximately 2:22 am., staff person A enter resident [redacted]'s bedroom to provide incontinence care. In an angry voice staff person A informed resident [redacted] of brief changing and to not kick [redacted] as [redacted] did in the past. Staff person A directed resident [redacted] to roll over. When resident [redacted] did not follow staff person A's directive, staff person A stated multiple times "are you refusing" and then left resident [redacted] bedroom stating "ok, then you stay like that", and left resident [redacted] without a brief on and a family member to complete incontinence care.

\* On [redacted], at approximately 4:05 am., staff person A entered resident [redacted] bedroom to provide incontinence care. As resident [redacted] became agitated, a family member held resident [redacted]'s hands as staff person A changed resident [redacted]'s brief. During this time staff person accused resident [redacted] of kicking [redacted]. Staff person A left resident [redacted] bedroom, leaving a family member complete incontinence care.

Plan of Correction

Directed ( ) - 08/15/2025)

Brookdale will make sure that we are following reporting requirements. we will be sure to put in a verbal report within 24 hours. and follow up with written report, Act13.

Proposed Overall Completion Date: 08/06/2025

By 8/16/25 and ongoing, the administrator or designee will ensure the home submits an incident report to the Department's Regional Office within 24 hours.

By 8/22/25, the administrator will reeducate all staff regarding the requirement all reportable incidents and conditions are reported to the Department's Regional Office that an incident report must be sent

Directed Completion Date: 08/06/2025

16c Written Incident Report *(continued)*

*Implemented* [REDACTED] 09/03/2025)