

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

December 10, 2025

[REDACTED]
EMERITUS CORPORATION
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/21/2025 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 HARRISBURG **License #:** 31611 **License Expiration:** 04/02/2026
Address: 3560 NORTH PROGRESS AVENUE, HARRISBURG, PA 17110
County: DAUPHIN **Region:** CENTRAL

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: EMERITUS CORPORATION
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 87 **Waking Staff:** 65

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Fine **Exit Conference Date:** 10/21/2025

Inspection Dates and Department Representative

10/21/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 65 **Residents Served:** 48
Secured Dementia Care Unit
In Home: Yes **Area:** Memory care **Capacity:** 24 **Residents Served:** 16
Hospice
Current Residents: 8
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 48
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 39 **Have Physical Disability:** 1

Inspections / Reviews

10/21/2025 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/14/2025

11/17/2025 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 12/05/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/24/2025

Inspections / Reviews *(continued)*

11/24/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/05/2025

12/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

183b - Meds and Syringes Locked

1. 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

On [REDACTED] at 11:41 AM, a bottle of [REDACTED] was unlocked, unattended, and accessible in an open drawer of nightstand of Resident [REDACTED] room. Resident # [REDACTED] is not able to self-administer medications.

On [REDACTED] at 11:43 AM, multiple [REDACTED] and [REDACTED] were unlocked, unattended and accessible in a rolling storage cart in Resident [REDACTED] room. Resident [REDACTED] is not able to self-administer medications.

On [REDACTED] at 11:47 AM, [REDACTED] and [REDACTED] were unlocked, unattended and accessible in the bathroom of Resident [REDACTED] and Resident [REDACTED]'s shared room. Residents [REDACTED] and Resident [REDACTED] are not able to self-administer medications.

On [REDACTED] at 11:50 AM, [REDACTED] and [REDACTED] was unlocked, unattended, and accessible in the medicine cabinet of Resident [REDACTED] and Resident [REDACTED] shared room. Resident [REDACTED] and Resident [REDACTED] are not able to self-administer medications.

On [REDACTED] at 11:51 AM, [REDACTED] was unlocked, unattended, and accessible in the bathroom cabinet of Resident [REDACTED] bathroom. Resident [REDACTED] is not able to self-administer medications.

Repeated Violation - [REDACTED] et al

Plan of Correction

Accept ([REDACTED] 11/17/2025)

The following is the Plan of Correction for Brookdale Harrisburg regarding the Statement of Deficiencies dated 10/21/2025. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

Immediate Action

10/21/25 – The Health & Wellness Director (HWD) Removed items from rooms of residents [REDACTED], and [REDACTED].

10/25/25 – The Executive Director (ED) sent letter to resident families regarding community policy on over-the-counter (OTC) medications stored in resident rooms and on the DHS regulation regarding OTC medications being kept in resident rooms.

Training

11/7/25 The ED and HWD reeducated Med Techs regarding the community policy on storage of medications in resident rooms.

The ED, HWD, or designee will re-educate residents and families on the community policy on the storage of medications in resident rooms, if any resident non-compliance is identified.

Audit

11/2/25 – The ED and or designee will audit 10 resident rooms per week to verify medications are being stored per community policy for four (4) weeks and then monthly for two (2) months

183b Meds and Syringes Locked (continued)

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented (█ - 12/09/2025)

183d - Prescription Current

2. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On █ at 11:41 AM, █ were located in an open drawer of Resident █'s nightstand. There was no current order for this OTC.

On █ at 11:43 AM, █ and █ were located in a rolling storage cart in Resident █ room. There were no current orders for these OTCs.

On █ at 11:50 AM, █, and █ were located in the bathroom of Resident █ and Resident █'s shared room. There were no current orders for these OTCs.

On █ at 11:50 AM, █ and █ were located in the medicine cabinet of Resident █ and Resident █'s shared room. There were no current orders for these OTCs.

Plan of Correction

Accept (█ - 11/24/2025)

Immediate Action

10/21/25 The HWD removed items, without corresponding physician order, from rooms of residents █ and █

11/5/25 The HWD contacted residents' primary care physicians to obtain orders for resident OTC medications and also orders for residents who can safely self administer OTC medications and maintain the medication in their room. OTC medications will be stored per community policy.

Training

183d - Prescription Current (continued)

10/25/25 – The Executive Director (ED) sent letter to resident families regarding community policy on over-the-counter medications stored in resident rooms and on the DHS regulation regarding OTC medications being kept in resident rooms.

11/7/25 The ED and HWD reeducated clinical and management staff regarding the community policy on storage of medications in resident rooms.

11/2/25 – The ED and or designee will audit 10 resident rooms per week to verify OTC medications are being stored per community policy for four (4) weeks and then monthly for two (2) months.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented [redacted] - 12/09/2025)

184a - Resident's Meds Labeled

3. 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 [redacted] is prescribed [redacted] with orders to give 1 tablet by mouth at bedtime for sleep. However, the pharmacy label on the medication states to give one tablet by mouth every hour of sleep PRN.

Resident [redacted] is prescribed [redacted] with orders to give 1 tablet by mouth in the morning every other day for [redacted]. However, the pharmacy label states to give one by mouth every day for iron deficiency.

Resident [redacted] is prescribed [redacted] with orders to give 2 tablets by mouth three times a day for pain. However, the pharmacy label on the medication states to give 1 tablet by mouth every 8 hours routine and every 4 hours for pain (do not exceed 3000 mg in 24 hours).

Resident [redacted] is prescribed [redacted] with orders to give 1 tablet by mouth one time a day for [redacted]. However, the pharmacy label states: to take one tablet twice a day.

Resident [redacted] is prescribed [redacted] with orders to give 1 tablet by mouth at bedtime related to [redacted] unspecified. However, the pharmacy label states take 1 tablet 6 times a week on Sunday, Tuesday, Wednesday, Thursday, Friday and Saturday.

Plan of Correction

Accept [redacted] 11/17/2025)

Immediate Action

10/21/25 – The HWD labeled residents [redacted] medications with correct labels per community policy.

Training

11/7/25 – The HWD re-educated the Med Tech's regarding correct labeling of medications and verifying the prescription order and the medication label match.

Audit

184a Resident's Meds Labeled (continued)

11/2/25 HWD/HWC/ED and or designee will audit 5 residents' orders and medications weekly for four (4) weeks, to verify medication label matches order, and then monthly for two (2) months.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented [REDACTED] - 12/09/2025)

184b - Labeling OTC/CAM**4. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [REDACTED], a bottle of [REDACTED] belonging to Resident [REDACTED] was in the medication cart and was not labeled with the resident's name.

Repeated Violation [REDACTED] et al

Plan of Correction

Accepted [REDACTED] 11/24/2025)

Immediate Action

10/21/25 The HWD labeled resident [REDACTED] immediately.

Training

11/7/25 The ED & HWD re educated the medication technicians on the requirement to verify the resident has an order and correct labeling per community policy.

Audit

11/2/25 HWD/HWC/ED and or designee will audit 5 residents' orders and medications weekly for four (4) weeks, to verify that all OTC's are properly labeled and then monthly for two (2) months

See attached

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented [REDACTED] - 12/09/2025)

185a - Implement Storage Procedures**5. 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 [REDACTED] is prescribed [REDACTED] as needed, [REDACTED] as needed, [REDACTED] tablets as needed, and [REDACTED] as needed. However, on [REDACTED], these medications were not available in the home.

Repeated Violation [REDACTED], et al

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept [REDACTED] - 11/24/2025)

Immediate Action

10/21/25 – The HWD ordered resident [REDACTED] as needed, [REDACTED] as needed, [REDACTED] 1000 chewable tablets as needed, and [REDACTED] as needed.

10/21/25 - Resident [REDACTED] medications were received in the community.

Training

11/7/25 – The ED and HWD re-educated the medication technicians regarding ordering medication that are prescribed and medication availability for residents in the community.

Audit

11/2/25 - HWD/HWC/ED and or designee will audit 5 residents' orders and medications weekly for four (4) weeks, to verify PRN medications are available in the home and then monthly for two (2) months.

See attached.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented [REDACTED] 12/09/2025)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] 24-hour oral capsule with orders to give 220 mg by mouth at bedtime for depression. However, this medication was not administered on [REDACTED] and [REDACTED] because the medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] with orders to give 1 tablet by mouth one time a day for [REDACTED]. However, this medication was not administered from [REDACTED] through [REDACTED] because it was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] with orders to give one tablet by mouth three times a day for [REDACTED]. However, this medication was not administered on the following dates and times:

- [REDACTED]
- [REDACTED]
- [REDACTED]

Repeated Violation - [REDACTED], et al and [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/17/2025)

Immediate Action

10/21/25- Resident [REDACTED] and [REDACTED] medications were ordered

10/4/25 - Resident [REDACTED] medication was received into the community

187d - Follow Prescriber's Orders (continued)

10/7/25 – Resident [redacted] medications were received into the community.

10/19/25 - Resident [redacted] s medication was received into the community

10/21/25 – The ED and HWD were re-educated regarding medication availability for residents and the process for reporting to HWD/HWC and pharmacy.

Training

11/7/25 – The ED and HWD retrained the direct clinical staff on the regulation and community policies and procedures regarding following the directions of the prescriber. This includes the process of when medications are not able to be administered as ordered and that medication technicians and clinical staff must immediately notify the HWD/or designee and prescriber.

Audit

11/2/25 - HWD/HWC/ED or designee will audit five (5) resident MAR's weekly for four (4) weeks, to verify medications are available, and then monthly for two (2) months.

11/2/25- The HWD/HWC will complete weekly med cart audits for four (4) weeks.

See attached.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented ([redacted] 12/09/2025)