

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

February 20, 2026

[REDACTED]
EMERITUS CORPORATION
[REDACTED]

SUITE 2300
[REDACTED]

RE: BROOKDALE GRAYSON VIEW
29 GRAYSON VIEW COURT
SELINGROVE, PA, 17870
LICENSE/COC#: 22793

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/21/2026 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: *08/07/2026*
 Address: *29 GRAYSON VIEW COURT, SELINSGROVE, PA 17870*
 County: *SNYDER* Region: *NORTHEAST*

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: *01/19/2000* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *95* Waking Staff: *71*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Incident* Exit Conference Date: *02/02/2026*

Inspection Dates and Department Representative

01/21/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *95* Residents Served: *74*

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

Hospice
 Current Residents: *6*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *73*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *21* Have Physical Disability: *0*

Inspections / Reviews

01/21/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/19/2026*

02/20/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/20/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

02/20/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident [redacted] assessment, dated [redacted], does not include that the resident utilizes a rollator for movement.

Plan of Correction

Accept [redacted] - 02/20/2026)

1/21/26-Resident's Documentation of Medical Evaluation (DME) from May 2025 states [redacted] uses a rollator when ambulating. [redacted] RASP did not reflect [redacted] uses a rollator. RASP Addendum was immediately put into place upon noticing on 1/23/26 to state [redacted] uses a walker/rollator. (see attachment #1)

2/9/2026- Health and Wellness Director (HWD) and Health and Wellness Coordinator (HWC) were re-educated by Executive Director on regulation 225 regarding Mobility (see attachment #2)

2/9-2/11/2026- The Executive Director (ED) completed an audit of all current resident records to verify mobility devices/status on DMEs aligns with RASP mobility devices/status. Any discrepancies identified were noted and corrected immediately (see attachment #3)

2/12/2026- To assist with ongoing compliance, the ED or Designee shall audit five (5) residents completed DMEs and compare with annual RASPs completed to verify mobility needs/devices are the consistent weekly for five (5) weeks.

Licensee's Proposed Overall Completion Date: 03/19/2026

Implemented [redacted] - 02/20/2026)