

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

June 9, 2026

[REDACTED]
EMERITUS CORPORATION
[REDACTED]
[REDACTED]

RE: BROOKDALE GRANDON FARMS
1100 GRANDON WAY
MECHANICSBURG, PA, 17055
LICENSE/COC#: 31612

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/07/2026 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 GRANDON FARMS* License #: *31612* License Expiration: *01/17/2027*
 Address: *1100 GRANDON WAY, MECHANICSBURG, PA 17055*
 County: *CUMBERLAND* 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: *03/15/2005* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *120* Waking Staff: *90*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *04/07/2026*

Inspection Dates and Department Representative

04/07/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *120* Residents Served: *86*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Clare Bridge* Capacity: *30* Residents Served: *22*

Hospice
 Current Residents: *7*

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

Inspections / Reviews

04/07/2026 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *05/09/2026*

Inspections / Reviews *(continued)*

05/11/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 06/04/2026
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 05/18/2026

05/19/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 06/04/2026
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 06/05/2026

06/09/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 06/04/2026
Reviewer: [REDACTED] Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

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

Description of Violation

On [redacted] at 11:48 AM, resident room [redacted] had a strong pungent odor.

Repeated Violation - [redacted] et al.

Plan of Correction

Accept [redacted] 05/11/2026)

04/08/2026- The housekeeper immediately cleaned room [redacted] to remove any odor from the room.
ON 4/8/2026- The Executive Director retrained the direct care staff and housekeeping regarding the community policy on maintaining a clean environment and reporting when a room has any type odor are identified.
4/8/2026- The Maintenance Assistant audited all of the 500- hall for any odor from any rooms and were found to be compliant.
4/9/2026- The Maintenance Director or designee will audit the 500-hall for any odors, to occur weekly starting on 4/08/2026 for 2 months ending on 6/3/2026.
To assist with ongoing compliance, The Executive Director or designee will review the audits of the 500-hall starting 04/9/2026 and ending on 6/4/2026 to ensure compliance.

Licensee's Proposed Overall Completion Date: 05/11/2026

Implemented [redacted] - 06/09/2026)

101o - Walls, Floors, Ceilings

2. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On [redacted] at 11:48 AM, resident room [redacted] had a trashcan that was overflowing with food related items; trash and debris was also scattered on the resident's bedroom floor.

Repeated Violation - [redacted] et al.

Plan of Correction

Accept [redacted] - 05/19/2026)

04/8/2026- The Maintenance assistant vacuumed the carpet and removed all the trash and food related items in room 509. Resident's apartments on the 500-hall were audited by the Maintenance Director for trash and additional cleaning, any trash or food identified were addressed by the maintenance assistant.
On the 04/8/2026- The Executive Director retrained the direct care staff and housekeeping regarding the community policy on maintaining a clean environment and reporting when there is overflowing trash and food are identified so this can be removed. The Maintenance Director or designee will establish an audit schedule of the 500 hall apartments for any trash or food, to occur monthly for 2 months starting on 4/9/2026 and ending on 6/4/2026. Random audits will be completed weekly starting on 4/9/2026 and ending on 6/4/2026 as indicated.
04/08/2026- The Maintenance Director did audit of all 500 hall apartments and found all other apartments to be compliant. The Maintenance Director will do random audits weekly to the 500 hall apartments and will audit 2

101o Walls, Floors, Ceilings (continued)

rooms each week for 2 months starting on 04/09/2026 and ending on 6/4/2026.

4/9/2026 To assist with ongoing compliance, The Executive Director or designee will review the audits weekly to see further action is warranted for 2 months ending on 6/4/2026.

Licensee's Proposed Overall Completion Date: 06/04/2026

Implemented [redacted] 06/09/2026)

103e - Left Overs

3. 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

On [redacted] at 9:08 AM, several items of leftover food were observed unlabeled and undated in the refrigerator of the 400 hall kitchenette. These items included a white Styrofoam takeout box, a black plastic takeout container with a clear lid and used fork stored in the container, a plate wrapped in foil, and an 8 oz. clear plastic deli container.

Plan of Correction

Accepted [redacted] - 05/11/2026)

4/7/2026 The Dining Director immediately removed the unlabeled food from the refrigerator on the 400 hall Kitchenette.

4/8/2026 The Executive Director retrained the direct care staff and dining staff regarding the regulation of left overs and dating food when placed in the refrigerator.

4/9/2026 Dining director or designee will perform weekly audits of the 400 hall kitchenette to verify that all food placed in the refrigerator and is dated and found in compliance starting on 4/9/2026 and ending on 6/4/2026 for two months.

Ongoing The Executive Director will review the audit results to determine if any further action is warranted and the Executive Director or designee will perform random audits of the 400 hall kitchenette to verify compliance.

Licensee's Proposed Overall Completion Date: 05/11/2026

Implemented [redacted] 06/09/2026)

183b - Meds and Syringes Locked

4. 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 11:02 AM a bottle of [redacted] was unlocked, unattended and accessible in Resident # [redacted] s room.

On [redacted] at 11:04 AM, the following medication were observed unlocked, unattended and accessible in Resident [redacted] room; a 0.5 fl. oz bottle of [redacted] and two 3oz. bottles of [redacted]

183b - Meds and Syringes Locked (continued)

On [redacted] at 11:13 AM, the following medications were observed unlocked, unattended and accessible in Resident [redacted] room; 2 15mL bottles o [redacted]

On [redacted] at 11:49 AM, the following medications were observed unlocked, unattended and accessible in resident [redacted] room; a 2 oz. can of [redacted]

Repeated Violation - [redacted] et al.

Plan of Correction

Accept ([redacted] - 05/19/2026)

4/7/2026- The bottle in resident [redacted] room was removed immediately and discarded.

4/8/2026- The Executive Director sent out on a communication to all residents and family members to provide education on this regulation to not bring in over the counter medications to their room.

4/8/2026- Current staff were retrained on prescription medications and that they shall be kept in area or container that is locked.

4/8/2026- The Health and Wellness Director did an audit of the 500-hall and found no other medications in resident's room.

5/1/2026- The Executive Director reached out to Resident [redacted] and [redacted] CRNP and obtained an order that resident can have at bedside.

5/1/2026- The Health and Wellness Director educated the resident [redacted] and [redacted] they can have these medications in their room but their rooms would need to be locked at all times.

4/9/2026- Ongoing- The Health and Wellness Director or designee will do weekly room audits on the 500-hall starting on 4/9/2026 and ending on 6/4/2026.

To assist with ongoing compliance- The Executive Director or designee will review the audits for two months ending on 6/4/2026.

5/5/2026- The Executive Director updated Resident's [redacted] support plan to reflect that they can self-administer these medications and keep at bedside. The Health and Wellness Director did complete the self administration tool on 5/5/2026 for resident 3,4, and 5.

Licensee's Proposed Overall Completion Date: 06/04/2026

Implemented [redacted] - 06/09/2026)

183f - Discontinued Medications

5. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On [redacted] at 11:02 AM, a bottle of [redacted], with an expiration date of 7/2024, was observed in Resident [redacted] room.

183f Discontinued Medications (continued)

Plan of Correction

Accept [REDACTED] - 05/19/2026)

4/7/2026 The Health and Wellness Director immediately removed the expired bottle from resident [REDACTED] room.

4/8/2026 The Executive Director retrained the appropriate clinical staff and medications technicians on discontinued and expired medications.

4/9/2026 Ongoing The Health and Wellness Director or designee will do weekly cart audits for two months starting on 4/9/2026 and ending on 6/4/2026 to verify compliance and there are no expired medications in the cart. To assist with ongoing compliance, the Executive Director will review the results of the audits to determine if any further action is warranted.

4/9/2026 Random audits will be performed weekly as indicated and ending on 6/4/2026..

Resident 2 does not have an order this medication,so it was not replaced.

Licensee's Proposed Overall Completion Date: 06/04/2026

Implemented [REDACTED] - 06/09/2026)

185a - Implement Storage Procedures

6. 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], give 1 tablet by mouth every 8 hours as needed for mild pain. However, on [REDACTED] this medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED], give 1 tablet by mouth every 4 hours as needed for general discomfort and [REDACTED] 3ml inhale orally via nebulizer every 4 hours as needed for shortness of breath. However, on [REDACTED] these medications were not available in the home.

Repeated Violation [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 05/19/2026)

4/7/2026 the Health and Wellness Director immediately obtained resident [REDACTED] and Resident [REDACTED] medications. Resident 8's Albuterol was discontinued by [REDACTED] CRNP on 5/5/2026.

4/8/2026 The Executive Director trained the appropriate clinical staff on the community policy regarding the availability of PRN medications.

4/9/2026 Ongoing The Health and Wellness Director or designee will perform weekly cart audits for two months to verify PRN medications are available for the residents' medications as ordered by the physician ending on 6/4/2026 then monthly thereafter.

To assist with ongoing compliance, the Executive Director will review the results of the audits to determine if any further action is warranted.

4/9/2026 Random audits will be performed weekly starting 4/9/2026 and ending on 6/4/2026 as indicated.

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 06/04/2026

Implemented () - 06/09/2026)

187a - Medication Record

7. Requirements

2600.

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

11. Special precautions, if applicable.

Description of Violation

Resident () is prescribed (), take 1 capsule by mouth before breakfast. However, Resident () April 2026 Medication Administration Record (MAR) indicates "Take 1 capsule by mouth" and does not include the administration instruction to take before breakfast.

Resident () is prescribed (), give 1 tablet by mouth in the morning on an empty stomach. However, Resident ()s April 2026 MAR indicates () give 1 tablet by mouth one time a day" and does not include the administration instruction to take on an empty stomach.

Plan of Correction

Accept () - 05/19/2026)

- 4/9/2026-The Executive Director corrected resident () and () MAR for additional instruction. Resident () and () MAR was updated to reflect the correct order.
- 4/9/2026- The Executive Director trained the appropriate clinical staff and medication technicians on medication record shall reflect special instructions.
- 4/9/2026- The Health and Wellness Director did an audit of all 20 resident's MARS to verify compliance and no other MARS were found to be incorrect.
- 4/9/2026- The Health and Wellness Director will review MARS of all new orders and move ins to ensure accuracy of any special instructions for two months starting on 4/9/2026 and ending on 6/4/2026.
- 4/9/2026- To assist with ongoing compliance, The Executive Director will review the audit to determine if any no further action is warranted.
- 4/9/2026- Random audits will be performed weekly ending on 6/4/2026 as indicated

Licensee's Proposed Overall Completion Date: 06/04/2026

Implemented () - 06/09/2026)

225c - Additional Assessment

8. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

225c Additional Assessment (continued)

Description of Violation

Resident [REDACTED]'s assessment, dated [REDACTED] indicates the resident has no dietary needs, however the resident's medical evaluation, dated [REDACTED], indicates a no added sodium diet.

Resident [REDACTED] assessment, dated [REDACTED], There is no indication of the degree of personal care needs related to Managing Finances or Shopping as these sections are blank.

Resident [REDACTED] assessment, dated [REDACTED], indicates the resident requires extensive supervision, and the need is described as "(Resident [REDACTED]) requires extensive supervision" and does not include an accurate description of need. Resident [REDACTED] requires supervision due to lack of awareness while transferring and ambulating. Resident [REDACTED] does not check the surroundings prior to sitting or moving, which has resulted in falls and minor injuries. Staff Member A described Resident [REDACTED] as "brash with decision making". However, the assessment for Resident [REDACTED] indicates the resident has no behavioral or cognitive needs related to Judgement and that the resident's decisions are not harmful to self or others. On [REDACTED] Resident [REDACTED] was asked to wait to sit down until the wheelchair was behind the resident, however Resident [REDACTED] did not wait and fell to the floor. Per Resident [REDACTED] assessment, some physical assistance to transfer is required and staff will support this need by assisting with transfers. Resident [REDACTED] has been found on the floor due to attempting to transfer independently 4 times in the past month. The resident's assessment does not accurately describe the resident's need for extensive supervision.

Resident [REDACTED]'s assessment, dated [REDACTED], has no indication of the degree of personal care needs related to Irritability, as this section is blank.

Plan of Correction

Accept [REDACTED] - 05/19/2026)

4/7/2026 The Executive Director immediately corrected resident [REDACTED] dietary need and Managing Finances and Shopping.

4/7/2026 The Executive Director immediately corrected Resident [REDACTED] Rasp for irritability.

4/7/2026 The Executive Director immediately corrected Resident [REDACTED]'s need for extensive supervision.

4/8/2026 The Executive Director retrained the appropriate clinical staff on additional assessment.

4/8/2026 The Health and Wellness Director did an initial audit of 20 Rasps to ensure all Personal Care need and degree are checked. Found all to be compliant.

4/9/2026 The Health and Wellness Director will audit 5 charts weekly for two months ending on 6/4/2026.

Ongoing 4/8/2026 The Health and Wellness Director will update all Rasp's according to each resident when there is a change immediately.

To assist with ongoing compliance, the Executive Director will review the results of the audit to determine if any further action so warranted.

4/9/2026 Random audits will be performed weekly starting on 4/9/2026 and ending on 6/4/2026 as indicated

Licensee's Proposed Overall Completion Date: 06/04/2026

Implemented [REDACTED] - 06/09/2026)