

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

October 13, 2026

[REDACTED], EXECUTIVE DIRECTOR
EMERITUS CORPORATION
[REDACTED]
[REDACTED]

RE: BROOKDALE BLOOMSBURG
420 SHAFFER ROAD
BLOOMSBURG, PA, 17815
LICENSE/COC#: 21120

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/14/2026 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: BROOKDALE BLOOMSBURG

License #: 21120

License Expiration: 07/10/2027

Address: 420 SHAFFER ROAD, BLOOMSBURG, PA 17815

County: COLUMBIA

Region: NORTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: EMERITUS CORPORATION

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: C-2 LP

Date: 10/01/1996

Issued By: DLI

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 39

Waking Staff: 29

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 07/14/2026

Inspection Dates and Department Representative

07/14/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 67

Residents Served: 38

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 38

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 1

Have Physical Disability: 0

Inspections / Reviews

07/14/2026 Full

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 08/20/2026

09/03/2026 - POC Submission

Submitted By:

Date Submitted: 10/07/2026

Reviewer:

Follow-Up Type: POC Submission

Follow-Up Date: 09/10/2026

Inspections / Reviews (*continued*)

09/17/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/01/2026

10/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 9:20 a.m. a stack of empty medication blister packs with pharmacy labels for residents in the home were unlocked, unattended, and accessible on top of the medication cart.

Plan of Correction

Accept () - 09/17/2026

Empty blister packs with prescription labels on them were immediately removed from top of medication cart and disposed of in the Shred IT container.

ED educated HWD and HWC on record confidentiality and proper storage on 7/16 and on 9/4/26

Staff trained on blister pack disposal process and record confidentiality at staff meeting on 8/13/26

HWD or designee will monitor carts during a med pass 2x/week for 2 months to ensure compliance.

ED will oversee for ongoing compliance

Proposed Completion Date- 10/31/2026

Licensee's Proposed Overall Completion Date: 10/31/2026

Implemented () - 10/06/2026

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

At 9:25 a.m. the batteries for the carbon monoxide detector installed near the gas fireplace were not labeled with the date they were installed. Also, the batteries for the carbon monoxide detector installed in the laundry room used to monitor the gas dryers were dated 12/3/24. According to the Care Facility Alarms Standards Act, batteries in carbon monoxide detectors must be labeled with the date they were installed and changed once per year.

Plan of Correction

Accept () - 09/17/2026

Maintenance Manager immediately removed batteries and then dated and replaced the batteries from the carbon monoxide detector at time of discovery. All other carbon monoxide detectors were checked and batteries dated and replaced as needed.

ED educated Maintenance Manager on 7/16 and 9/4 regarding regulation 2600.18 and that batteries must be replaced and dated annually

Maintenance Manager has added the annual battery change to the TELs task system on 9/8/26

Maintenance Manager will check battery compliance during his weekly carbon monoxide detector checks and document findings x 2 months

ED will oversee for ongoing compliance

Proposed completion date- 10/31/2026

18 - Compliance With Laws (continued)

Licensee's Proposed Overall Completion Date: 10/31/2026

Implemented () - 10/06/2026

28e - Death of a Resident

3. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on the resident's date of death. The home did not document the date the resident's personal belongings were removed from their room. The home issued a refund of \$5427.54 to the resident's estate. Resident #1 was owed a refund of \$7241 based on the resident account history report and the date of death.

Plan of Correction

Directed () - 09/17/2026

ED or designee reviewed all resident discharges and refunds since 7/1/2026 to ensure refunds were issued within 30 days of financial move out.

ED educated BOM on the move out guidelines which includes documentation of Agreement termination date and refund requirements on 7/16 and 9/4

ED or designee will follow up on all discharges for the next 3 months to ensure documentation is completed for physical and financial discharge dates and that refunds are issued within 30 days of discharge- weekly x 2 months.

ED will oversee for ongoing compliance

Proposed completion date- 10/31/2026

Proposed Overall Completion Date: 10/31/2026

(Directed)

In addition to the above noted plan the home will issue Resident #1 with any additional monies owed. If any other refunds reviewed were inaccurate the home will refund the residents accordingly. The home will keep documentation for the Department to review upon request.

Directed Completion Date: 10/01/2026

Implemented () - 10/13/2026

28f - Resident's Funds and 30-day Refund

4. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

28f - Resident's Funds and 30-day Refund (continued)

Description of Violation

Resident # 1 was discharged from the home on [REDACTED] The home did not issue a refund to the resident's estate until [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/17/2026)

ED or designee reviewed all resident discharges and refunds since 7/1/2026 to ensure refunds were issued within 30 days of financial move out.

ED educated BOM on the move out guidelines which includes documentation of Agreement termination date and refund requirements on 7/16 and 9/4

ED or designee will follow up on all discharges for the next 3 months to ensure documentation is completed for physical and financial discharge dates and that refunds are issued within 30 days of discharge- weekly x 2 months.

ED will oversee for ongoing compliance

Proposed completion date- 10/31/2026

Licensee's Proposed Overall Completion Date: 10/31/2026

Implemented [REDACTED] - 10/06/2026)

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 1:36 p.m. in the short hall medication cart there was a styrofoam cup containing white powder. Per staff, the powder is corn starch obtained from a common bin in the kitchen area and applied to Resident #5's skin.

Plan of Correction

Accept [REDACTED] - 09/17/2026)

Styrofoam cup with corn starch in it was immediately removed from the top of the med cart and disposed of upon discovery.

ED educated HWD and HWC on 85a sanitary conditions and the need to have physician orders for all resident treatments we are assisting with.

Nursing staff educated on sanitary conditions and following physician orders on 8/13/26 at Staff Meeting

HWD or designee will do cart audits 1 time each week for 8 weeks to ensure all items in cart have appropriate orders and containers with labels

ED will oversee for ongoing compliance

Proposed completion date- 10/31/2026

Licensee's Proposed Overall Completion Date: 10/31/2026

Implemented [REDACTED] - 10/06/2026)

103g - Storing Food

6. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

103g - Storing Food (continued)

Description of Violation

At 1:55 p.m. there were frozen breaded patties not sealed properly in the freezer. Also, there were bags of cabbage and celery in the refrigerator that were open and unsealed.

Plan of Correction

Accept () - 09/17/2026)

Unsealed items found were immediately disposed of upon discovery.

ED educated Dining Service Coordinator on regulation 103g on 8/13/26

Staff educated on regulation at Staff Meeting held 8/13/2026

Dining Service Coordinator or designee will complete an audit of storage areas- refrigerator, freezer and closet to ensure all items are in a closed or sealed container 1x a week for 2 months.

ED will oversee for ongoing compliance

Proposed Completion Date- 10/31/2026

Licensee's Proposed Overall Completion Date: 10/31/2026

Implemented () - 10/06/2026)

125a - Combustible Storage

7. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 9:30 a.m. there was a t-shirt observed laying on the dryer vent behind the 1st dryer in the laundry room.

Repeat Violation: 8/14/25

Plan of Correction

Accept () - 09/17/2026)

T shirt was immediately removed from behind the dryer upon discovery

ED educated Maintenance Manager on combustible storage on 7/16 and 9/4

All staff educated on regulation at Staff Meeting held 8/13/26

Maintenance Manager or designee will check laundry room to ensure no combustible or flammable items are behind or around the dryers 2x a week for 2 months

ED will oversee for ongoing compliance

Proposed completion date- 10/31/26

Licensee's Proposed Overall Completion Date: 10/31/2026

Implemented () - 10/06/2026)

132g - Fire Drills Days/Times

8. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

132g - Fire Drills Days/Times (continued)**Description of Violation**

The facility typically schedules direct care staff for an overnight shift from 10:00 p.m. to 6:00 a.m. The home routinely holds sleeping hour fire drills at the start of the shift as evidenced by fire drills being held on 12/8/25 at 10:01 p.m. and on 6/29/26 at 10:46 p.m., and at the end of the shift as evidenced by the fire drill held on 9/21/25 at 5:58 a.m. In addition, the times of these fire drills typically occur when additional staff persons are present in the facility to assist with evacuation.

Plan of Correction**Accept () - 09/17/2026)**

ED educated on regulation 2600.132g and the importance of scheduling fire drills on different days and at various times. Discussed the importance of overnight drills not being held at start or end of shift when staffing is higher on 7/16 and 9/4

Maintenance Manager composed a confidential schedule that was reviewed by the ED for compliance on 7/16

ED or designee to check compliance to drill schedule 1 time each month for 2 months

ED to oversee ongoing compliance

Proposed completion date- 10/31/26

Licensee's Proposed Overall Completion Date: 10/31/2026

Implemented () - 10/13/2026)**162c - Menus Posted****10. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

At 9:15 a.m. the home's menu for the week of 7/12/26 through 7/18/26 was posted, however the menu for the week of 7/19/26 through 7/25/26 was not posted.

Plan of Correction**Accept () - 09/17/2026)**

7/19-7/25 menu posted immediately at time of discovery

ED educated Dining Service Coordinator on regulation and importance of compliance on 7/16 and 9/4

ED or designee will monitor menu postings 1x a week for 2 months

ED will oversee ongoing compliance

Proposed completion date- 10/31/26

Licensee's Proposed Overall Completion Date: 10/31/2026

Implemented () - 10/13/2026)**185a - Implement Storage Procedures****11. 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.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident # 6 is prescribed Anti-Diarrheal Oral Tablet 2 mg tablet to be taken as needed. At approximately 1:36 p.m. the medication was not available in the facility.

Resident #7 is prescribed Ibuprofen 200 mg oral tablet, Loperamide HCL oral capsule, and Tylenol 325 oral tablet to be taken as needed. At approximately 1:36 p.m. the medications were not available in the facility.

Plan of Correction

Accept () - 09/17/2026

HWD ordered missing medications at time of discovery. Medications were in the cart and available later that day- 7/14/26

ED educated HWD and HWC on the importance of regulation 185a and having medications in stock for all physician orders for all residents on 7/16 and 9/4

Nursing staff were educated at Staff meeting held on 8/13/26

HWD or designee will audit 10 resident's medications per week x 2 months to ensure medications are available for all orders for that resident

ED will oversee ongoing compliance

Proposed completion date – 10/31/26

Licensee's Proposed Overall Completion Date: 10/31/2026

Implemented () - 10/13/2026

187a - Medication Record

12. Requirements

2600.

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

9. Administration times.

Description of Violation

Resident #8 is prescribed Atorvastatin Calcium oral tablet delayed release 81 mg to be taken 1 time daily. The resident's medication administration record indicates an administration time of 12:00 p.m.; however, the medication label states that the medication should be administered the morning.

Resident #8 is prescribed Donepezil HCl Oral Tablet 10 mg to be taken 1 time daily. The resident's medication administration record indicates an administration time of 12:00 p.m.; however, the medication label states that the medication should be administered in the morning-with largest meal.

Plan of Correction

Accept () - 09/17/2026

Change of Direction stickers immediately added to medication packages so staff would confirm with order as written- 7/14/26

HWD notified (), physician and pharmacy regarding the discrepancy. Changes made so the order matched the medication label and administration times were correct.

ED educated HWD and HWC on 187a and following the prescriber's direction on administration time as well as prescription labels matching the prescriber's orders on 7/16 and 9/4

Nursing staff were educated on regulation at Staff Meeting held 8/13/26

187a Medication Record (continued)

HWD or designee will audit 10 resident's medications, labels and orders to ensure consistency and accuracy 1x a week for 2 months

ED will oversee ongoing compliance

Proposed completion date 10/31/26

Licensee's Proposed Overall Completion Date: 10/31/2026

Implemented () - 10/13/2026)

227d - Support Plan Medical/Dental**13. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #4 has an enabler bar attached to their bed. Resident #4's support plan dated [REDACTED] does not include the following information: any risks associated with the use of the device, the resident's ability to use the device safely for its intended purpose, the specific type of device, or the whether the device requires a cover to meet FDA guidelines.

Resident #3 began receiving hospice services on or around [REDACTED]. The significant change support plan dated [REDACTED] did not include any information regarding the services provided by hospice care.

Plan of Correction

Accept () - 09/17/2026)

ED educated HWD and HWC on the need to document both the use of bed enabler and hospice services in the resident's support plans on 7/16 and 9/4

HWD updated both resident support plans to include the bed enabler bar and hospice services on 7/17/26.

HWD or designee will conduct audits of support plans for 10 residents each week x 2 months to ensure all medical, dental, vision, hearing, mental health or other behavioral care services are included on the support plan. This includes hospice services and bed enablers.

ED will oversee ongoing compliance

Proposed completion date 10/31/26

Licensee's Proposed Overall Completion Date: 10/31/2026

Implemented () - 10/13/2026)