



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **EMERITUS CORPORATION**

LEGAL ENTITY

To operate **BROOKDALE HARRISBURG**

NAME OF FACILITY OR AGENCY

Located at **3560 NORTH PROGRESS AVENUE, HARRISBURG, PA 17110**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **65**

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **September 25, 2026** until **September 25, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **316110**


ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 - 04/23



Pennsylvania Department of Human Services

Emailing Date: September 25, 2026

Emeritus Corporation
[Redacted Address]

RE: Brookdale Harrisburg
3560 North Progress Avenue
Harrisburg, Pennsylvania 17110
License/COC #: 316112

Dear Emeritus Corporation:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on July 15, 2026, and July 16, 2026, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License
License Inspection Summary

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

September 22, 2026

[REDACTED],
EMERITUS CORPORATION
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/15/2026, 07/16/2026 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 HARRISBURG* License #: *31611* License Expiration: *10/02/2026*
Address: *3560 NORTH PROGRESS AVENUE, HARRISBURG, PA 17110*
County: *DAUPHIN* Region: *CENTRAL*

Administrator

Name: [REDACTED]

Legal Entity

Name: *EMERITUS CORPORATION*

Address: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *79* Waking Staff: *59*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Provisional, Incident* Exit Conference Date: *07/16/2026*

Inspection Dates and Department Representative

07/15/2026 - On-Site: [REDACTED]

07/16/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* Residents Served: *49*

Secured Dementia Care Unit

In Home: *Yes* Area: *Claire Bridge* Capacity: *24* Residents Served: *18*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *49*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *30* Have Physical Disability: *1*

Inspections / Reviews

07/15/2026 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/14/2026*

08/21/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/21/2026*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/21/2026*

Inspections / Reviews *(continued)*

09/22/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's 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 5/25/26 at about 6:00 PM, an incident occurred when staff person A left a ring of keys with a canister of mace chemical spray attached to it in a door lock in the secured dementia care unit. Resident #1 retrieved the keys and the staff person forcibly removed them from the resident causing a cut to one of the resident's fingers. Staff person B observed this incident and reported it to an employee of an outside agency, however, did not report the incident to the home. The incident was not reported to the Department until 5/29/26.

Repeated Violation - 1/6/26

Plan of Correction

Accepted [REDACTED] - 08/17/2026)

7/17/2026 and 8/11/26, and 8/12/26- Direct care staff, clinical and management staff were retrained by the Executive Director (ED) or designee on the regulation 15a on Abuse Reporting to AAA.

8/18/2026: Area Agency Aging will be on site at the community to provide Abuse Training with all community staff.

Ongoing -The ED, clinical, and management team will continue to emphasize resident dignity at orientation, monthly training, annual trainings, during staff meetings and Quality Management meetings.

Ongoing: To assist with ongoing compliance, the ED or designee will review any communicated reports on the date of occurrence, daily for one (1) month starting on July 18th, 2026, through August 18th, 2026. Thereafter, the ED or designee will review incident reports weekly for (1) additional month to verify compliance starting August 19th, 2026, and ending September 18th, 2026, and monthly for one month beginning September 19th, 2026, and ending on 10/18/2026.

POC to be reviewed by ED, Clinical Specialist, or designee at Quarterly Quality Improvement meeting.

Licensee's Proposed Overall Completion Date: 10/19/2026

Implemented [REDACTED] - 09/22/2026)

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]/26 at about 8:00 PM, police visited the home to return Resident #2 after they were found wandering and confused about a mile and a half from the home. On 3/29/26 at about 7:45 PM, police visited the home to return

16c - Written Incident Report (continued)

Resident #2 after they was found wandering and confused in the neighborhood behind the home. These incidents were not reported to the Department.

On 5/25/26 at about 6:00 PM, an incident occurred when staff person A left a ring of keys with a canister of mace chemical spray attached to it in a door lock in the secured dementia care unit. Resident #1 retrieved the keys and the staff person forcibly removed them from the resident causing a cut to one of the resident's fingers. Staff person B observed this incident and reported it to an employee of an outside agency, however, did not report the incident to the home. This incident was not reported to the Department until 5/29/26.

Repeated Violation - 3/5/26 and 1/6/26

Plan of Correction

Accept [REDACTED] - 08/21/2026

7/17/2026- ED, clinical specialist, and Health and Wellness Coordinator (HWC) were retrained by ED from another Brookdale personal care home, on suspected abuse and timely notification to the Department of Human Services Regional Office, per regulation 16(c).

8/11/26, 8/12/26, and 8/18/26- All community staff were retrained by ED or designee on the community policy regarding reportable incidents regulation 16(c) and timely notification to the Department of Human Services Regional Office.

Ongoing -The ED, clinical, and management team will continue to emphasize resident dignity at orientation, monthly training, annual trainings, during staff meetings and Quality Management meetings and whenever indicated.

8/18/2026: Area Agency Aging will be on site at the community to provide Abuse Training with all community staff.

Ongoing- To assist with compliance, the ED or designee will review any communicated reports on the date of occurrence, daily for one (1) month starting on July 18th, 2026 through August 18th, 2026. Thereafter, the ED will review communicated reports, weekly for (1) additional month to verify compliance starting August 19th, 2026, and ending September 18th, 2026, and monthly beginning September 19th, 2026, ending on October 19th, 2026.

POC to be reviewed by ED, Clinical Specialist, or designee at Quarterly Quality Improvement meeting.

Licensee's Proposed Overall Completion Date: 10/19/2026

Implemented [REDACTED] - 09/22/2026

42b - Abuse**3. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #2 was admitted to the home on [REDACTED]/26. The initial medical evaluation, completed [REDACTED]/26, indicated that the resident has a need for a secured dementia care unit (SDCU), however, the preadmission screening, completed 1/5/26, and the assessment and support plan, completed [REDACTED]/26, states that the resident needs no supervision but may need some reorientation.

42b - Abuse (continued)

Resident #2 had multiple episodes of wandering inside or outside the home for which [REDACTED] was seen and evaluated by a doctor including on [REDACTED]/26 following up on an "elopement" occurring 1/30/26 and on 4/2/26, when the doctor identified "wandering outside the facility multiple times."

The police returned the resident to the home on [REDACTED]/26 at about 7:30 PM when [REDACTED] was found wandering in a residential development behind the home. The police also returned the resident to the home on 4/5/26 about 7:45 PM after the resident was found wandering approximately a mile and a half from the home. On 4/6/26, the resident wandered up the driveway of the home and had to be redirected back inside.

The resident was admitted to the SDCU on [REDACTED]/26. On 4/7/26, the resident was seen by a medical professional and noted to have three skin tears, one on [REDACTED] right hand and two on [REDACTED] right forearm, resulting from a fall while the resident was wandering in the community.

The home failed to accurately assess the needs of the resident, failed to investigate written documentation provided by a medical professional on 1/14/26 that stated the resident required placement in a secured dementia care unit, and took no action despite multiple documented instances of wandering inside and outside of the home, until the resident wandered up the driveway and fell, sustaining three skin tears.

On 5/25/26 at 6:00 PM, staff person A forcibly removed a ring of keys that had a cannister of mace attached from the hand of Resident #1. The resident sustained a cut on [REDACTED] finger as a result of this action.

Repeated Violation - 3/5/26 and 1/6/26

Plan of Correction**Accept [REDACTED] - 08/21/2026)**

7/17/2026, 8/11/26, 8/12/26: All community staff were retrained on the community abuse, neglect, and exploitation policy and regulation 42(b). on the 7/17/26, 8/12/26 and 8/12/26.

8/18/2026: Area Agency Aging will be on site at the community to provide Abuse Training with all community staff. Ongoing -The ED, clinical, and management team will continue to emphasize resident dignity at orientation, monthly training, annual trainings, during staff meetings and Quality Management meetings and whenever indicated.

Ongoing- To assist with compliance, The ED or designee will review any incident reports on the date of occurrence, for one (1) month starting July 20th, 2026, through August 18th, 2026. Thereafter, the ED will review incident reports weekly for one (1) additional month to verify compliance starting on August 19th, 2026, and ending on September 21st, 2026

POC to be reviewed by ED, Clinical Specialist, or designee at Quarterly Quality Improvement meeting.

Licensee's Proposed Overall Completion Date: 09/21/2026

Implemented [REDACTED] - 09/22/2026)**63a - First Aid/CPR Training****4. Requirements**

2600.

63a - First Aid/CPR Training (continued)

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 7/10/26 from 6:33 PM to 11:00 PM and 11:00 PM to 7:00 AM, approximately 46 residents were present in the home. During this time there was no staff members in the home who were certified in CPR and First Aid.

On 7/4/26 from 8:00 PM to 11:00 PM, approximately 46 residents were present in the home. During this time there were no staff members present in the home who were certified in CPR and First Aid.

Plan of Correction

Accept [REDACTED] - 08/21/2026)

7/17/2026- ED, clinical specialist, and HWC were retrained by ED from another Brookdale personal care home, on the regulation 63a for CPR/First Aid Training and on PA code §2600.63a.

8/4/2026- The community vendor, Cintas, conducted a CPR and First Aid course, to certify staff to be complaint with CPR/First Aid training.

8/17/2026- The Executive Director or designee will have additional CPR/First Aid, by vendor Cintas, to remaining staff members that require CPR and First Aid training.

Ongoing after 8/18/26- When completing the two-week schedule, the Executive Director or designee will verify that there is at least one (1) CPR/First Aid certified associate to 49 residents, and when the census is above 50 that the community will have two (2) certified associates scheduled.

Ongoing- The Executive Director, Clinical Specialist, or Designee will conduct an audit of the CPR/ First Aid binder monthly for three months, (Aug/Sept/Oct) to verify compliance with Code §2600.63.a

POC to be reviewed by ED, Clinical Specialist, or designee at Quarterly Quality Improvement meeting.

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

Implemented [REDACTED] - 09/22/2026)

108 - Firearms & Weapons**5. Requirements**

2600.

108. Firearms, weapons and ammunition shall be permitted on the licensed premises of a home only when the following conditions are met:

1. Firearms and weapons shall be contained in a locked cabinet located in a place other than the residents' room or in a common living area.

Description of Violation

On 5/25/26, an incident occurred when staff person A left a ring of keys with a cannister of mace chemical spray attached in the door lock of a room in the secured dementia care unit. Resident #1 picked up the ring of keys and mace cannister before the staff person forcibly removed them.

Plan of Correction

Accept [REDACTED] - 08/21/2026)

7/17/2026, 8/11/26, 8/12/26- Community staff were retrained on the community policy regarding weapons policy and Code §2600.108 by the ED from another Brookdale Personal Care home.

Ongoing: To assist with compliance, the ED or designee will retrain community staff monthly for three (3) months (Aug/Sept/Oct) ending 10/31/2026.

POC to be reviewed by ED, Clinical Specialist, or designee at Quarterly Quality Improvement meeting.

108 - Firearms & Weapons (*continued*)

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

Implemented [REDACTED] - 09/22/2026)

132c - Fire Drill Records

6. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill supervised by a fire safety expert on 5/29/26 was not recorded on the home's fire drill record.

The fire drill record for the drill conducted on 5/28/26 does not include the number of residents evacuated or if the alarm was operative and activated.

Plan of Correction

Accept [REDACTED] 08/21/2026)

The community conducted and documented their fire drills on the Department's form and in accordance with Code §132c (document included in submission), including date, time, evacuation time, exit route, number of residents in the home at time of drill, number of residents evacuated, number of staff persons participating, problems encountered (if any), and if fire alarm and smoke detector were operable.

An internal quality management document which does not meet the Department's criteria was inadvertently placed in the binder with the fire drill log.

Immediately: The ED or designee removed this incorrect form from the binder with the fire drill documentation, and the binder was audited by the ED or designee to assist with verifying compliance additionally the fire drill record was updated with the supervised drill on 5/29/2026.

7/17/26: Executive Director and Maintenance Manager were re-educated on regulation §132c by ED from another Brookdale personal care home.

Ongoing: The Executive Director, Maintenance Manager, or designee will verify that only the Department's form is utilized for monthly fire drills, and that the fire drill is supervised by the fire safety expert. The Executive Director, Maintenance Manager, or designee will also review the fire drill binder to verify that no other documents are present in the binder. This will be reviewed by the ED or designee monthly for three (3) months (Aug/Sept/Oct) ending on 10/31/2026.

POC to be reviewed by ED, Maintenance Manager, or designee at Quarterly Quality Improvement meeting.

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

Implemented [REDACTED] - 09/22/2026)

141a - Medical Evaluation

7. Requirements

2600.

141a - Medical Evaluation (continued)

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]/25, however, the resident's medical evaluation was completed on [REDACTED]/24.

Plan of Correction

Accept [REDACTED] - 08/21/2026)

Resident #1 had a medical evaluation completed and updated on [REDACTED]/2026.

7/24/2026- The Clinical Specialist completed an audit of all resident medical evaluations to verify the evaluations were up to date and in compliance.

7/17/26: ED, clinical specialist, and HWC were retrained by ED from another Brookdale personal care home on code §141a regarding medical evaluations.

Clinical specialist or designee will audit DME's bi-weekly for two (2) months 8/16/2026, 8/30/2026, 9/13/2026 and 9/27/2026 then monthly for one month 10/1/26-10/31/2026 to assist in ongoing compliance.

POC to be reviewed by ED, Clinical Specialist, or designee at Quarterly Quality Improvement meeting.

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

Implemented [REDACTED] - 09/22/2026)

185a - Implement Storage Procedures**8. 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 #7's Easy Max V glucometer was not programmed with the correct date. There were five readings stored in the memory of the glucometer that were dated 1/2/26 through 1/6/26 and which matched those recorded by the home on the medication administration record for 7/11/26 through 7/15/26. The readings included:

7/15 141

7/14 136

7/13 152

7/12 122

7/11 123

Repeated Violation - 1/6/26

Plan of Correction

Accept [REDACTED] - 08/21/2026)

7/15/2026 Resident #7's glucometer was immediately programmed to the correct date by HWC.

7/17/26, 8/11/26, 8/12/26: Nurses and medication technicians were in-serviced by the ED or designee on Code §185a relating to the safe storage, access, security, distribution, and use of medications

185a - Implement Storage Procedures (continued)

Ongoing: The Clinical Specialist, or designee will verify information for the correct dates, readings, and information on a weekly basis for one (1) month (8/16/2026- 9/12/2026), bi-weekly basis for a second month week of 9/13/2026 & week 9/27/2026, and monthly in the third month the week of October 4th,2026 to assist with ongoing compliance.

POC to be reviewed by ED, Clinical Specialist, or designee at Quarterly Quality Improvement meeting.

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

Implemented [REDACTED] - 09/22/2026)

231c - Preadmission Screening**9. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secured Dementia Care Unit (SDCU) on [REDACTED] 26. However, Resident 2's written cognitive preadmission screening was completed 4/9/26. In addition, it does not include behaviors exhibited or a determination that the resident requires secured care.

Repeated Violation - 1/6/26

Plan of Correction

Accept [REDACTED] - 08/21/2026)

Resident #2 passed away on [REDACTED] 26, and cognitive preadmission screening cannot be updated.

7/17/26: ED, clinical specialist, and HWC were retrained by ED from another Brookdale personal care home on Code §231.c regarding preadmission screenings.

7/24/26 The Clinical Specialist completed an audit of all cognitive prescreens to assist in verifying the prescreens were up to date and in compliance.

Clinical specialist or designee will audit pre admission screenings bi-weekly for two (2) months week of 8/16/26 and 8/30/26 and 9/13/26 and 9/27/26 monthly for one (1) month (week of 10/04/26 to assist in ongoing compliance.

POC to be reviewed by ED, Clinical Specialist, or designee at Quarterly Quality Improvement meeting.

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

Implemented [REDACTED] - 09/22/2026)