

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

September 21, 2026

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

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/04/2026 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: 08/07/2027

Address: 29 GRAYSON VIEW COURT, SELINGSGROVE, 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: 02/26/1997

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 98

Waking Staff: 74

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Incident

Exit Conference Date: 08/04/2026

Inspection Dates and Department Representative

08/04/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 95

Residents Served: 79

Secured Dementia Care Unit

In Home: Yes

Area: na

Capacity: 24

Residents Served: 14

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 79

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 19

Have Physical Disability: 0

Inspections / Reviews

08/04/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/27/2026

09/14/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/18/2026

Inspections / Reviews (*continued*)

09/21/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document
Submission*

09/21/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2026

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 approximately 9:10 a.m. the licensing inspection summary dated 6/10/25 included the privacy coding stating resident names and was unlocked, unattended and accessible to the public in the lobby area.

Plan of Correction

Accept () - 09/17/2026)

The Executive Director (ED) immediately removed the licensing inspection summary privacy coding page from posting when found to be posted on 8/4/26 at 9:05am

The ED or designee verified that the other posting at the Memory Care Entrance did not contain the privacy coding page on 8/4/26 at 9:10am

To assist with ongoing compliance, the Executive Director or designee will verify all inspection documentation postings do not contain the privacy coding page monthly for three (3) months.

Licensee's Proposed Overall Completion Date: 10/27/2026

Implemented () - 09/21/2026)

28e - Death of a Resident

2. 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 [REDACTED] The home did not document the date the resident's belongings were removed from the room. A refund was not issued to the estate until [REDACTED]

Plan of Correction

Accept () - 09/11/2026)

The ED or designee verified all care charges were stopped the day the resident expired, on [REDACTED] occupancy ended on [REDACTED] as documented in our system. The resident's estate was issued a refund on [REDACTED]

The Executive Director (ED) or designee will review any resident move-outs since [REDACTED] to confirm the correct move-out date is entered, and the correct refund was issued.

The ED or designee will retrain the Business Office Manager (BOM) on the move-out guidelines, which includes documentation of Residency Agreement termination date and refund requirements in accordance with PA regulation.

The BOM or designee will review resident move-out documentation weekly for one month to verify compliance.

Licensee's Proposed Overall Completion Date: 09/28/2026

28e Death of a Resident (continued)

Implemented () - 09/21/2026)

65b Rights/Abuse 40 Hours

3. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

4. Reporting of reportable incidents and conditions.

Description of Violation

Staff persons A, B, and C did not receive training in reportable incidents and conditions within 40 hours of their first day of work.

Plan of Correction

Accept () - 09/17/2026)

Staff A, B and C received this training during their first 40 hours of employment. The BOM did not provide this information to the inspector prior to the exit meeting. Staff A date of hire (), date of reportable incident training ()

Staff B date of hire (), date of reportable incident training () Staff C date of hire () date of reportable incident training ()

Please see attached documentation from the 3 staff records reviewed, which maintain the PA Crosswalk piece of our New Hire Foundations orientation program that shows how it is presented by the ED or managers and maintained in the Relias orientation pieces of orientation-

The ED retrained the BOM on the training documentation to be maintained in a new hire binder on 8/21/26 so records are easily accessible.

To assist with ongoing compliance, the ED or designee will review the new hire binder monthly for two (2) months.

Licensee's Proposed Overall Completion Date: 10/27/2026

Implemented () - 09/21/2026)

85d Trash Receptacles

4. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 9:45 a.m. there was a full, uncovered, unattended trash can in the kitchenette area in the secure dementia care unit.

Plan of Correction

Accept () - 09/14/2026)

Trash was immediately removed and lid closed while inspector present.

The ED or designee will retrain staff on trash cover requirements for kitchen and bathroom trash receptacles during the 8/19 general staff meeting.

To assist with ongoing compliance, the ED or designee will verify trash can lids are closed when not in active use and emptying of the trash can following meal service takes place three (3) times a week for two (2) months.

85d Trash Receptacles (*continued*)

Licensee's Proposed Overall Completion Date: 10/03/2026

Implemented () - 09/21/2026)

88a - Surfaces

5. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 9:30 a.m. in the secure dementia care unit between rooms 310 and 311, there was a large water stain and peeling paint hanging down from the ceiling area.

Plan of Correction

Accept () - 09/14/2026)

Peeling paint removed from damaged ceiling area on day of inspection by the Maintenance Director or designee. Full repair initiated 8/6/26 and will be completed on 8/31/26.

The ED or designee retrained the Memory Care and Maintenance Managers on 8/6/26 on the maintenance of surfaces.

The ED or designee retrained staff on 8/19 at the general staff meeting regarding the maintenance of surfaces.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/21/2026)

103e - Left Overs

6. 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

At 1:30 p.m. there were two unlabeled, undated 6 packs of frozen waffles in the freezer.

At 1:30 p.m. there were two unlabeled, undated 6 packs of hoagie buns and an unlabeled, undated loaf of Rye bread in the dry goods area.

Plan of Correction

Accept () - 09/17/2026)

These items were new, sealed packages removed from the original dated boxes that had dating leaving them sealed but not dated or labeled. This was immediately corrected at time of inspection, 8/4/26 at 1:35pm

The ED retrained the Dining Services Manager on left overs requirements on 8/6/26.

The ED or designee retrained staff on left over requirements at the 8/19/26 2:00pm staff meeting.

To assist with ongoing compliance, the ED or designee will conduct audits to review the labeling and dating of items in all storage areas in the kitchen (dry storage and freezers included) three (2) times a week for two (2) months.

Licensee's Proposed Overall Completion Date: 10/27/2026

Implemented () - 09/21/2026)

184a - Resident's Meds Labeled

7. 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 #2 is prescribed Metoprolol Succinate, 25mg, one tablet once daily, hold for systolic blood pressure (SBP) less than 100 and pulse less than 50. The pharmacy label for the medication does not include the order to hold the medication for SBP less than 100 or pulse less than 50.

Plan of Correction

Accept () - 09/17/2026)

A 'change of order sticker to 'See MAR' was immediately applied to this medication to verify staff would see full order. Done on 8/4/26 at 2:15pm

Pharmacy was contacted by Health and Wellness Director (HWD) to inform the pharmacy of the violation and reviewed all information on our prescription medication labels.

The HWD or designee conducted a review of all medications that have orders with parameter guidance on 8/6/26 to verify parameters were on the label. All other orders with parameters were included on those labels by the HWD or designee.

Nursing staff was educated at staff meeting on 8/19/26 at 2:00pm that labels much match the order exactly including parameters.

To assist with ongoing compliance, the ED or designee will conduct a check on medications orders with parameters to verify the label reflects the complete order including any parameters, one time a week for two (2) months.

Licensee's Proposed Overall Completion Date: 09/26/2026

Implemented () - 09/21/2026)

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

At approximately 3:20 p.m. there was an oxygen tank on the floor by the wall in the Health and Wellness Office that was not stored in a cart or stand to prevent tipping.

Plan of Correction

Accept () - 09/14/2026)

8/4/26- oxygen tank removed from HWD office and returned to correct resident and placed in the storage stand.

8/6/26 The ED or designee retrained the HWD and Health and Wellness Coordinator (HWC) on storage of oxygen tanks requirements.

8/19/26- The HWD or designee retrained staff on oxygen tanks storage requirements.

The HWD or designee audited all resident oxygen tanks on 8/6/26, to verify storage is in a cart or stand to prevent tipping. All oxygen tanks were found to be in compliance.

185a - Implement Storage Procedures (continued)

To assist with ongoing compliance, the ED or designee will audit oxygen tanks weekly for two (2) months to verify correct storage.

Licensee's Proposed Overall Completion Date: 09/26/2026

Implemented ([REDACTED] **- 09/21/2026)**