

Department of Human Services
Bureau of Human Service Licensing

September 28, 2021

[REDACTED], ADMINISTRATOR
[REDACTED]
[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 06/08/2021, 06/09/2021, 06/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *BROOKDALE GRAYSON VIEW* License #: *22793* License Expiration Date: *07/02/2021*
Address: *29 GRAYSON VIEW COURT, SELINGSGROVE, PA 17870*
County: *SNYDER* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[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: *56* Waking Staff: *42*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/10/2021*

Inspection Dates and Department Representative

⁰⁸
06/08/2021 - On-Site: [REDACTED]
⁰⁹
06/09/2021 - On-Site: [REDACTED]
¹⁰
06/10/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *95* Residents Served: *44*

Secured Dementia Care Unit

In Home: *Yes* Area: *na* Capacity: *16* Residents Served: *12*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *44*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *12* Have Physical Disability: *0*

Inspections / Reviews

06/09/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/10/2021*

7/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/06/2021*

9/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. 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 12/3/19, it was discovered by the home at shift change when the Narcotic count was done that resident #1's 0800 [REDACTED] was not administered, The home did not report this incident to the department until 12/6/19.

On 12/20/20, resident #2 was found sitting on bathroom floor, [REDACTED] stated [REDACTED] felt weak and had 2 abrasions on [REDACTED] scalp. The home did not report this incident to the department until 12/22/20.

On 4/13/21, Resident #3 missed [REDACTED] Am dose of [REDACTED]. It was reported to [REDACTED] physician on 4/13/21. However, this medication error was not reported to the department.

Plan of Correction

Accept

Regulation 2600.16(c) –

- 6/14/2021 – Appropriate staff were retrained by the Executive Director on the community policy regarding timely reporting and the importance of submitting reportable incidents to the department.
- 7/7/2021 – Reportable for 4/13/2021 was sent to the department.
- 7/7/2021 - A missed medication/treatment checklist has been developed and implemented for Wellness nurses and medication technicians listing and documenting that appropriate notifications take place including the notification of the clinical directors to ensure reportable incidents are submitted when indicated and timely.
- 7/7/2021 and ongoing - Executive Director and Clinical managers will review reportable incidents to determine if a report is needed. Reportable incidents will continued to be reviewed at monthly collaborative care review meetings and quarterly quality assurance meetings. Health and Wellness Director will review reports to determine if any further action is warranted.

Evidence: Initial/Final incident Report, Fax Confirmation, Missed Medication/Treatment notification tool, staff Training

Completion Date: 7/7/2021

Completion Date: 07/07/2021

16c - Written Incident Report (continued)

Document Submission

Implemented

Please • 6/14/2021 –Appropriate staff were retrained by the Executive Director on the community policy regarding timely reporting and the importance of submitting reportable incidents to the department.

• 7/7/2021 – Reportable for 4/13/2021 was sent to the department.

• 7/7/2021 - A missed medication/treatment checklist has been developed and implemented for Wellness nurses and medication technicians listing and documenting that appropriate notifications take place including the notification of the clinical directors to ensure reportable incidents are submitted when indicated and timely.

• 7/7/2021 and ongoing - Executive Director and Clinical managers will review reportable incidents to determine if a report is needed. Reportable incidents will continued to be reviewed at monthly collaborative care review meetings and quarterly quality assurance meetings. Health and Wellness Director will review reports to determine if any further action is warranted.

Evidence: Initial/Final incident Report, Fax Confirmation, Missed Medication/Treatment notification tool, staff Trainingsee above.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Repeat Violation

Resident 4's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Accept

Regulation 2600.141(b)1 –

• 6/14/2021 – Appropriate staff were retrained by the Executive Director on this regulation and the regarding timely annual medical evaluations.

• June 2021 – An audit was conducted of all current residents to ensure DME's are complete as well as within the appropriate time frame with no additional issues found.

• 7/7/2021 and ongoing –Two clinical managers will review and sign off on each new DME after reviewed for accurate and timely completion for 3 months. DME completions will continued to be reviewed at monthly collaborative care review meetings and quarterly quality assurance meetings so the Health and Wellness Director can determine if any further action is warranted.

Evidence: DME Audit, staff Training

Completion Date: 7/7/2021

Completion Date: 07/07/2021

141b1 - Annual Medical Evaluation (continued)

Update - 07/29/2021

Please send/Attach proof of staff training. 7-29-2021 MM

Document Submission

Implemented

6/14/2021 – Appropriate staff were retrained by the Executive Director on this regulation and the regarding timely annual medical evaluations.

- June 2021 – An audit was conducted of all current residents to ensure DME's are complete as well as within the appropriate time frame with no additional issues found.*
- 7/7/2021 and ongoing –Two clinical managers will review and sign off on each new DME after reviewed for accurate and timely completion for 3 months. DME completions will continued to be reviewed at monthly collaborative care review meetings and quarterly quality assurance meetings so the Health and Wellness Director can determine if any further action is warranted.*

Evidence: DME Audit, staff Training

162c - Menus Posted

1. 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

The home's menu for the weeks of May 30, 2021 through June 6, 2021 and June 6, 2021 through June 12, 2021 was posted. These weeks include the previous and current week. The menu for the following week was not posted.

Plan of Correction

Accept

Regulation 2600.162(c) –

- Immediately – Dining Service Director posted an additional week of menus and was noted by licensing inspector.*
- 6/24/2021 – Appropriate dining staff were retrained by the Executive Director and Dining Service Director on this regulation and the community policy of posting menus in a timely manner.*
- 6/28/2021 –A menu audit/posting reminder for 3 months was added to the outlook calendar for the Dining Services Director, Administrative Assistant and Business Office Coordinator to ensure menus are properly posted.*
- 6/28/2021 and ongoing - Executive Director, Administrative Staff and the Dining Services Director will review and/or post to ensure menus are at least 7 days in advance. Menus along with postings will continued to be reviewed at monthly collaborative care review meetings and quarterly quality assurance meetings. Executive Director will review the results of these audits to verify if any further action is required.*

Evidence: Outlook reminder, staff Training

Completion Date: 6/28/2021

Completion Date: 06/28/2021

Update - 07/29/2021

Please send/Attach proof of staff training. 7-29-2021 MM

162c - Menus Posted (continued)

Document Submission

Implemented

- Immediately – Dining Service Director posted an additional week of menus and was noted by licensing inspector.
 - 6/24/2021 – Appropriate dining staff were retrained by the Executive Director and Dining Service Director on this regulation and the community policy of posting menus in a timely manner.
 - 6/28/2021 –A menu audit/posting reminder for 3 months was added to the outlook calendar for the Dining Services Director, Administrative Assistant and Business Office Coordinator to ensure menus are properly posted.
 - 6/28/2021 and ongoing - Executive Director, Administrative Staff and the Dining Services Director will review and/or post to ensure menus are at least 7 days in advance. Menus along with postings will continued to be reviewed at monthly collaborative care review meetings and quarterly quality assurance meetings. Executive Director will review the results of these audits to verify if any further action is required.
- Evidence: Outlook reminder, staff Training

185a - Implement Storage Procedures

1. 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 #2;s glucometer was not calibrated to the correct time. The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident #2 – On 6/5/21, Medication Administration record was transcribed as 110 but the glucometer did not have a reading for this date. Resident #5 - At 7am on 6/7/21, the reading on the glucometer was 128 but was incorrectly transcribed as 124.

Plan of Correction

Accept

Regulation 2600.185(a) –

- Immediately – Staff adjusted the correct time on resident #2's glucometer.
- 6/11/2021 – An audit was conducted of all additional glucometers to ensure correct date and time.
- 6/17/2021 and 6/22/2021 – Medication Technicians and LPN's were retrained by the Executive Director and the Health and Wellness Director on the community policy regarding calibration of glucometers and importance of accurate documentation when copying the number from the glucometer to Point Click Care MAR.
- 7/7/2021 and ongoing – A Glucometer audit form was developed and implemented to audit, date, time, high/low control and matching documentation with MARs. This will be audited weekly by the Health and Wellness Coordinator or designee and will be reviewed at monthly collaborative care review meetings and quarterly quality assurance meetings. Health and Wellness Director will review audit results to determine if any further action is warranted.

Evidence: Glucometer Audit Form, staff Training

Completion Date: 7/7/2021

Completion Date: 07/07/2021

185a - Implement Storage Procedures (continued)

Document Submission

Implemented

Immediately – Staff adjusted the correct time on resident #2's glucometer.

6/11/2021 – An audit was conducted of all additional glucometers to ensure correct date and time.

- 6/17/2021 and 6/22/2021 – Medication Technicians and LPN's were retrained by the Executive Director and the Health and Wellness Director on the community policy regarding calibration of glucometers and importance of accurate documentation when copying the number from the glucometer to Point Click Care MAR.
- 7/7/2021 and ongoing – A Glucometer audit form was developed and implemented to audit, date, time, high/low control and matching documentation with MARs. This will be audited weekly by the Health and Wellness Coordinator or designee and will be reviewed at monthly collaborative care review meetings and quarterly quality assurance meetings. Health and Wellness Director will review audit results to determine if any further action is warranted.

Evidence: Glucometer Audit Form, staff Training

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 4/13/21, Resident #3 did not receive his 8am dose of [redacted], [redacted], and [redacted] powder. The home is not following prescribers orders.

Plan of Correction

Accept

Regulation 2600.187(d) –

- 6/17/2021 and 6/22/2021 – Medication Technicians and LPN's were retrained by the Executive Director and the Health and Wellness Director on the importance of ensuring that prescriber ordered medications are available. When a family agrees to supply the medications and do not do so in a timely manner when needed, the community will order through their preferred pharmacy to ensure resident does not miss a dose.
- 6/21/2021 – A letter was sent to residents, families and responsible parties stating the need for them to timely supply medications or that the community will order them to ensure prescriber's orders are followed.
- 7/7/2021 – Reportable for 4/13/2021 missed medication was sent to the department.
- 7/7/2021 and ongoing – Medication technicians and LPN's will now order a temporary supply of medications for residents families and responsible parties that fail to properly supply the community with the prescribed medications. Medication reviews will continued to be reviewed at monthly collaborative care review meetings and quarterly quality assurance meetings. The Health and Wellness Coordinator or designee will randomly audit availability of medications on those that are supplied by the family. HWD will then verify if any further action is warranted.

Evidence: Letter, Staff Training

Completion Date: 7/7/2021

Completion Date: 07/07/2021

Update - 07/29/2021

Please send/Attach proof of staff training. 7-29-2021 [redacted]

187d - Follow Prescriber's Orders *(continued)***Document Submission****Implemented**

- *6/17/2021 and 6/22/2021 – Medication Technicians and LPN's were retrained by the Executive Director and the Health and Wellness Director on the importance of ensuring that prescriber ordered medications are available. When a family agrees to supply the medications and do not do so in a timely manner when needed, the community will order through their preferred pharmacy to ensure resident does not miss a dose.*
 - *6/21/2021 – A letter was sent to residents, families and responsible parties stating the need for them to timely supply medications or that the community will order them to ensure prescriber's orders are followed.*
 - *7/7/2021 – Reportable for 4/13/2021 missed medication was sent to the department.*
 - *7/7/2021 and ongoing – Medication technicians and LPN's will now order a temporary supply of medications for residents families and responsible parties that fail to properly supply the community with the prescribed medications. Medication reviews will continued to be reviewed at monthly collaborative care review meetings and quarterly quality assurance meetings. The Health and Wellness Coordinator or designee will randomly audit availability of medications on those that are supplied by the family. HWD will then verify if any further action is warranted.*
- Evidence: Letter, Staff Training*