

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

May 13, 2025

[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 03/13/2025 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: *01/17/2026*
 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: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *103* Waking Staff: *77*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *03/13/2025*

Inspection Dates and Department Representative

03/13/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *120* Residents Served: *75*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Clare Bridge* Capacity: *30* Residents Served: *21*

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *75*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *28* Have Physical Disability: *0*

Inspections / Reviews

03/13/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/07/2025*

04/17/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/02/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/23/2025*

Inspections / Reviews *(continued)*

04/24/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 05/02/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 05/05/2025

05/13/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 05/02/2025

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 [redacted] at about 8:00 AM, Resident [redacted] was found unattended on the floor, drooling and soiled, in an unlocked utility room. The resident was sent to the hospital because of increased confusion and marks on the resident's upper body that were described as brush burns and scratches. The resident was seen at the emergency room and then admitted for additional evaluation and treatment prior to discharge on [redacted]. The home did not report this incident to the Department.

Plan of Correction

Accept [redacted] 04/17/2025)

3/31/2025- The Appropriate Clinical Staff and Management Team were retrained by the Executive Director (ED) on the community policy regarding suspected abuse and timely notification to the Department of Human Services Regional Office.

A community training will be completed on 4/4/2025 on reportable incidents.

Ongoing- to assist with compliance, the ED or designee will review any potential incidents as they occur daily for one (1) month starting on April 1st, 2025 and ending on May 31st, 2025. Follow , reviews by the ED will occur weekly for one (1) additional month to verify compliance starting April 30th, 2025 and ending May 31st, 2025. Monthly reviews will then be completed thereafter by the ED or designee too verify compliance and to determine if any further action is warranted starting on May 31st, 2025.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented [redacted] 05/13/2025)

42b - Abuse

2. 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

On [redacted] from approximately 7:30 AM until 8:00 AM, Resident [redacted] could not be located. At approximately 8:00 AM, the resident was found on the floor, drooling and soiled, and without any type of assistance devices present. The utility room in which the resident was found was labeled, "Please keep this door locked at all times." The home failed to keep the door secured, and failed to provide supervision and prompting to use necessary assistance devices as described in the resident's pre-admission screening, medical evaluation, and assessment and support planning documents.

Plan of Correction

Accept [redacted] - 04/24/2025)

3/31/2025- Clinical and Management Staff were retrained on the Community policy regarding abuse.

A community training will be completed by the ED on 4/4/2025 on abuse.

Ongoing- The ED, clinical and Management team will continue to educate on resident abuse at orientation, dementia training, annual trainings, during staff meetings and whenever indicated.

Ongoing- To assist with compliance, The ED or designee will review any potential incidents as they occur daily for one (1) month starting April 1st, 2025 through April 30th, 2025. Following, Reviews by the ED will occur weekly for one (1) additional month to verify compliance starting on April 30th, 2025 and ending May 31st, 2025 to verify

42b Abuse (continued)

compliance and to determine if any further action is warranted.

4/17/2025 The Executive Director educated staff in regards to securing areas that are unsafe for residents.

Ongoing To assist with compliance, the maintenance Director will check all secured doors every morning and evening to make sure all doors are secured for one month starting on 4/17/2025 and ending on 5/17/2027, then Weekly for one month starting on 5/17/2027 and ending 6/17/2025. Following, The ED will review and determine if any action is warranted.

4/17/2025 The ED will educate the clinical staff on the needs of the residents and educate the staff to follow their care plan.

Ongoing 4/17/2025 The Executive Director or designee will update the staff if any information for any residents change and make them aware of their needs.

Licensee's Proposed Overall Completion Date: 06/17/2025

Implemented [redacted] - 05/13/2025)

85e - Trash Outside Home

3. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [redacted] at 8:54 AM, the dumpster outside the home was full of trash, open, and was not actively being used. At 9:28 AM, the dumpster remained open and unattended.

Plan of Correction

Accept [redacted] - 04/17/2025)

3/14/2025 The appropriate clinical, dining, maintenance staff were retrained on the policy of the trans outside the home by the ED.

Ongoing To assist with compliance, The Maintenance Director or designee will do daily checks for (1) one Month, Starting on 3/15/2025 through 4/15/2025 and report any non compliance to the ED. Following the reviews by the ED, checks will occur weekly by the Maintenance Director or designee for (1) additional month to verify compliance starting on 4/15/2025 and ending on 5/15/2025. Monthly reviews will be completed thereafter by the maintenance director or designee to verify compliance and to determine if any further action is warranted.

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented [redacted] - 05/13/2025)

182c - Medication Administration

4. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

On [redacted] at 9:00 AM, Staff A gave medications to Resident [redacted] At 9:20 AM, an agent of the Department observed the resident with two large white pills and one large pink pill at a table while Staff A's back was turned. Staff A failed to watch Resident [redacted] ingest the prescribed medications.

Plan of Correction

Accept [redacted] - 04/17/2025)

3/14/2025 The Appropriate Clinical staff (Medication Aides and Licensed Nurses) were retrained on medication

182c Medication Administration (continued)

Administration by the ED.

Ongoing To assist with Compliance the ED or Designee will randomly watch the administration to (2) two residents for (1) one week for a month starting on 3/15/2025 through 4/15/2025 to ensure compliance. The Ed or designee will continue to observe administrations to (2) residents (1) month starting on 4/15/2025 and ending on 5/15/2025, thereafter to ensure compliance and then determine if any further action is warranted .

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented [REDACTED] - 05/13/2025)