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

June 24, 2026

[redacted]
BROOKDALE SENIOR LIVING COMMUNITIES INC
[redacted]

RE: BROOKDALE MURRYSVILLE
5300 OLD WILLIAM PENN HIGHWAY
EXPORT, PA, 15632
LICENSE/COC#: 42868

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/26/2026 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 MURRYSVILLE* **License #**: *42868* **License Expiration**: *02/19/2026*

Address: *5300 OLD WILLIAM PENN HIGHWAY, EXPORT, PA 15632*

County: *WESTMORELAND* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *BROOKDALE SENIOR LIVING COMMUNITIES INC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *12/09/1997* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *78* **Waking Staff**: *59*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *01/26/2026*

Inspection Dates and Department Representative

01/26/2026 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *42* **Residents Served**: *39*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Facility* **Capacity**: *42* **Residents Served**: *39*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *39*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *39* **Have Physical Disability**: *0*

Inspections / Reviews

01/26/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/07/2026*

02/09/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/23/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/16/2026*

Inspections / Reviews *(continued)*

02/19/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/23/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *03/27/2026*

06/24/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/23/2026*

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] resident [redacted] began yelling at resident [redacted] and hit [redacted] on top of the head with a closed fist. However, the home failed to report this to the department.

Plan of Correction ***Accept ([redacted] 02/09/2026)***

2-6-2026- Executive Director (ED) re-educated the staff on the community Abuse and Neglect policy and above regulation, reports to the state and AAA within the required tie period.

2-6-2026- Health & Wellness director 9HWD) re-educated the associates on documenting a skin assessment after any alleged allegation of abuse or neglect. or both residents involved.

2-6-2026- the HWD or designee will audit the 24 hours electronic medical records report daily 2X weeks and weekly X4 to review any documentation allegations of abuse or neglect.

Licensee's Proposed Overall Completion Date: *02/06/2026*

Implemented [redacted] - 06/24/2026)

85a - Sanitary Conditions

2. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

There is a fecal smear on the green chair's cushion on the right side of the front lobby tv room approximately 3 x 5 inches in size.

Plan of Correction ***Accept [redacted] - 02/19/2026)***

On January 26, 2026, the chair was immediately removed from the front lobby TV room by the Maintenance director, [redacted]
on January 26, 2026 ,The housekeeper, [redacted] cleaned and disinfected the chair using an approved disinfectant. The area was inspected to ensure no additional contamination was present and the chair was return to the TV room.
on January 27th the chair was returned to the front lobby by the maintenance director [redacted]
On January 28th both Housekeepers , [redacted] and [redacted] met with March the maintenance director and reviewed the assigned to the common areas and check list that is to be done daily and return to Maintenance director by the end of each day. this will continue over the next 3 months to insure that these areas are getting clean and inspected.
January 28th the checklist were put in place and both housekeeper are turning those in daily to [redacted] the Maintenance director.
January 1st, 2026, There is a Weekend MOD check list. this is completed by the Manager that is on Duty for that weekend. these are turned into the Executive Director on Mondays. (I have attached the checklist and the MOD schedule for 2026)
2/01/2026-Daily hallways check list and housekeeping check list these are done daily by the housekeeper on duty. All these forms are turned into the Executive Director.

85a Sanitary Conditions *(continued)*

Licensee's Proposed Overall Completion Date: *03/26/2026*

Implemented [redacted] - 06/24/2026)

227c - Support Plan Revision

3. Requirements

2600.
227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident[redacted] has engaged in multiple acts off aggressive behavior with residents to include on [redacted], where Resident [redacted] was yelling at a resident and reportedly "dumped" [redacted] out of rocking chair. And on [redacted], when resident [redacted] began yelling at a resident and hit[redacted] on top of the head. Both events occurred in the evening hours when multiple staff report that resident [redacted] experiences and increase in aggressive behaviors. However, the resident's most recent assessment and support plan completed [redacted] did not assess any needs regarding patterns of aggressive behavior manifesting.

Resident [redacted] has had multiple falls to include[redacted], where the resident suffered a fractured wrist and [redacted], where the resident suffered a laceration to the left side of [redacted] head from an unwitnessed fall. However, the resident's most recent assessment and support plan completed[redacted], did not assess any needs regarding fall prevention services.

Plan of Correction ***Accept [redacted] - 02/19/2026)***

Resident [redacted] 2/25/2026 Resident is being followed by Geri psych new medication [redacted] every evening was added on 1/10/26, Care plan was updated by HWD to address aggression and identify triggers.

Resident [redacted] On 1/26/26 Resident was admitted to hospice. Fall prevention measures put into place to includes a low bed.
Fall Prevention is training was done in 3/19/2025 by The Rise Team and again in August 2025 by Fox Rehab and it is also covered in Relias training that staff do at orientation. We will have fall prevention /safe transfer training on 3/18 with Fox Rehab the April 2026 meeting. The Executive Director is responsible for doing this with staff. if [redacted] or [redacted] is not available the HWD will do this training.

Licensee's Proposed Overall Completion Date: *04/15/2026*

Implemented ([redacted] - 06/24/2026)