



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

OCT 15 2010

PHONE: (717) 783-3670

FAX: (717) 783-5662

Ms. Kristen Mazzaferro, President/Administrator
Brookside Assisted Living, Inc.
Brookside Assisted Living
49 Brookside Lane
Brookville, Pennsylvania 15825

Dear Ms. Mazzaferro:

As a result of the Department of Public Welfare's licensing inspection on July 20, 2010 and September 29, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".


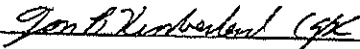
Kevin T. Casey
Deputy Secretary


Enclosures
License
Violation Report

Western Region

VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

P.2
 8148497447
 BROOKSIDE
 Oct 01 2010 2:38PM


NAME AND ADDRESS OF PERSONAL CARE HOME Brookside Assisted Living 49 Brookside Lane Brookville, PA 15825		Adult Residential Licensing	CURRENT LICENSE NUMBER 411130
INSPECTION DATE(S) (include all dates of the inspection) July 20, 2010		REGIONAL REPRESENTATIVE Diane Whitney and Tera Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Tom Guttridge, Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 10-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-8-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	The current violation report was not posted in a conspicuous and public place.	9/3/10 10/1/10	The current violation report was posted in a public and conspicuous area of the home. The administrator will check weekly to ensure the current violation report is posted in a public and conspicuous place in the home.	10-8-10 

Western Region
VIOLATION REPORT
 PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

7 2010

OCT 4 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Brookside Assisted Living 49 Brookside Lane Brookville, PA 15825		CURRENT LICENSE NUMBER Adult Residential Licensing 41130	
INSPECTION DATE(S) (Include all dates of the inspection) July 20, 2010		REGIONAL REPRESENTATIVE Diane Whitney and Tera Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 10-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 10-8-10

1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and	Staff persons A, B, C and D did not complete annual training for 2009 on fire safety, emergency preparedness and resident rights.	9/3/10 (for 2010 training year)	① Administrator will designate one person to assign and ensure that all required annual trainings are completed for all staff. ② Each individual staff training record specifies all mandatory annual training topics. This should help serve as a reminder for all mgmt/staff to not overlook the required annual trainings	Steps have been taken to correct violation; full compliance is not verifiable 10-8-10 Date Initials (DPW)


Western Region

VIOLATION REPORT

PERSONAL CARE HOMES 55 Pa.Code Chapter 2600

OCT 4 2010

P. 4
J.L.
8148497447
BROOKSIDE
Oct 01 2010 2:38PM

NAME AND ADDRESS OF PERSONAL CARE HOME Brookside Assisted Living 49 Brookside Lane Brookville, PA 15825		CURRENT LICENSE NUMBER Adult Residential License # 1130
INSPECTION DATE(S) (include all dates of the inspection) July 20, 2010	REGIONAL REPRESENTATIVE Diane Whitney and Tera Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 10-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION [Signature] 10-8-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
emergency situations. (3) Resident rights (under these regulations).		10/15/10	Staff persons A, B, C and D will receive all of the required annual training.	
		10/15/10	The administrator will review the annual training plan to ensure all required training topics in 2600.65g are scheduled.	
		10/15/10	The administrator will review all staff training as part of the quality management review to ensure all staff persons receive the required annual training in 2600.65g.	

Western Region
VIOLATION REPORT Western Region

PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

OCT 4 2010


Page 7 of 12

P.5

8148497447

BROOKSIDE

OCT 01 2010 2:38PM

NAME AND ADDRESS OF PERSONAL CARE HOME Brookside Assisted Living 49 Brookside Lane Brookville, PA 15825		Adult Residential Licensing Adult Residential Licensing 211130	CURRENT LICENSE NUMBER 211130
INSPECTION DATE(S) (Include all dates of the inspection) July 20, 2010		REGIONAL REPRESENTATIVE Diane Whitney and Tera Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 10-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 10-5-10

1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	Outside line telephones in bedrooms #37, #41, and #19 did not have any of the required phone numbers posted by each phone.	9/8/10	① All current phones w/in the facility will have stickers affixed listing all of the required telephone #'s. This will be performed by Admin. ② For future, stickers will be provided upon admission, and will be updated/checked weekly.	10-8-10

VIOLATION REPORT *Western Region*



PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

P.6

8148497447

BROOKSIDE


Oct 01 2010 2:38PM

NAME AND ADDRESS OF PERSONAL CARE HOME Brookside Assisted Living 49 Brookside Lane Brookville, PA 15825		CURRENT LICENSE NUMBER 411130	
INSPECTION DATE(S) (Include all dates of the inspection) July 20, 2010		REGIONAL REPRESENTATIVE Diane Whitney and Tara Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 10-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	There was no acceptable documentation from a fire safety expert specifying a safe evacuation time. The fire drill record indicated: <ul style="list-style-type: none"> 6/21/10 at 6:45am; 6:00min and 0sec. 5/21/10 at 5:50pm; 5min and 48sec. 4/23/10 at 1:30pm; 6min and 36sec. 3/28/10 at 5:55am; 6min and 6sec. 2/25/10 at 3:15pm; 4min and 17sec. 	9/14/10	① There was a typographical error on the submitted letter, omitting the necessary time for evacuation. ② We have contacted [redacted], Fire Safety expert, to submit a new letter with the correct evacuation time noted. This letter will be submitted to DPW upon receipt.	10-8-10 JK

VIOLATION REPORT



PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Brookside Assisted Living 49 Brookside Lane Brookville, PA 15825		CURRENT LICENSE NUMBER 411130	
INSPECTION DATE(S) (Include all dates of the inspection) July 20, 2010		REGIONAL REPRESENTATIVE Diane Whitney and Tera Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 10-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 10-8-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
144c-1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	The outside smoking area had a chair with a tapestry cushion and a love seat with a tapestry cushion that were not labeled as fire resistant.	9/14/10 10/30/10 10/30/10 10/30/10	This area will no longer be used as a designated smoking area. All residents and staff persons will be educated on the home rules for smoking and the homes policy and procedures for smoking including the proper fire and safety measures. Documentation will be kept. A designated staff person on each shift will monitor the home on a daily basis to ensure the smoking policies and procedures are being followed. An administrator will monitor the home on a weekly basis to ensure the smoking policies and procedures are being followed.	Steps have been taken to correct violation; full compliance is not verifiable 10-8-10 Date Initials (DPW)

VIOLATION REPORT

PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Brookside Assisted Living 49 Brookside Lane Brookville, PA 15825		CURRENT LICENSE NUMBER 411130		
INSPECTION DATE(S) (include all dates of the inspection) July 20, 2010		REGIONAL REPRESENTATIVE Diane Whitney and Tera Newman		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 10-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-8-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
144c-2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	A propane tank was by the staff smoking area that was accessible to residents. The designated outside smoking area was next to the front door (exit/entrance).	10/30/10	The administrator will review the smoking policy and procedures and designated smoking areas and update the policy to ensure there are no smoking areas located by any exits/entrances.	Steps have been taken to correct violation; full compliance is not verifiable Date: 10-8-10 Initials: DPW
		10/30/10	All residents and staff persons will be educated on the home rules for smoking and the homes policy and procedures for smoking including the proper fire and safety measures. Documentation will be kept.	
		10/30/10	The propane tank and all flammable materials will be locked and inaccessible to residents.	

See page 7A

p. 11

8148497447


BROOKSIDE

Oct 01 2010 2:39PM

VIOLATION REPORT

PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

7A 10
Page 2 of 2

NAME AND ADDRESS OF PERSONAL CARE HOME Brookside Assisted Living 49 Brookside Lane Brookville, PA 15825		CURRENT LICENSE NUMBER 411130	
INSPECTION DATE(S) (Include all dates of the inspection) July 20, 2010		REGIONAL REPRESENTATIVE Diane Whitney and Tera Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 10-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 10-8-10

1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
144c-2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	A propane tank was by the staff smoking area that was accessible to residents. The designated outside smoking area was next to the front door (exit/entrance).	10/30/10 10/30/10	A designated staff person on each shift will monitor the home on a daily basis to ensure the smoking policies and procedures are being followed. An administrator will monitor the home on a weekly basis to ensure the smoking policies and procedures are being followed.	

VIOLATION REPORT

PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

Western Region


NAME AND ADDRESS OF PERSONAL CARE HOME Brookside Assisted Living 49 Brookside Lane Brookville, PA 15825		7/20/10	CURRENT LICENSE NUMBER 411130	
INSPECTION DATE(S) (Include all dates of the inspection) July 20, 2010		REGIONAL REPRESENTATIVE Diane Whitney and Tera Newman		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 10-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION		DATE 10-8-10

1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The first aid kit in the vehicle was missing a thermometer and a breathing shield.	9/1/10	<p>① This violation has been resolved.</p> <p>② Digital thermometers, probe covers, and breathing shields have been added to all First Aid Kits.</p> <p>③ Required contents of First Aid Kits will be replaced after use and/or checked by Admin.</p>	10-8-10 <i>g</i>

on a semi-annual basis
mon 10/1/10 9-15-10/10

VIOLATION REPORT

PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

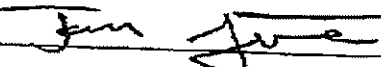
NAME AND ADDRESS OF PERSONAL CARE HOME Brookside Assisted Living 49 Brookside Lane Brookville, PA 15825		CURRENT LICENSE NUMBER 411130	
INSPECTION DATE(S) (Include all dates of the inspection) July 20, 2010		REGIONAL REPRESENTATIVE Diane Whitney and Tera Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 10-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION DATE 10-8-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	There was an unlocked unattended medication cart in the front living room area.	10/30/10	All staff persons will be educated on the required locked storage of medications. Documentation of the training will be kept.	Steps have been taken to correct violation; full compliance is not verifiable 10-8-10 Date Initials (DPW)
		10/30/10	A designated staff person will check the home daily on each shift to ensure all medications and controlled substances are kept in an area or container that is locked.	
		10/30/10	The administrator will monitor the storage of medications and controlled substances on a weekly basis to ensure medications and controlled substances are kept in an area or container that is locked.	

VIOLATION REPORT *Mountain Region*
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

10 10
Page 22 of 22

p. 14
8148497447
BROOKSIDE
Oct 01 2010 2:39PM


NAME AND ADDRESS OF PERSONAL CARE HOME Brookside Assisted Living 49 Brookside Lane Brookville, PA 15825		CURRENT LICENSE NUMBER 411130
INSPECTION DATE(S) (Include all dates of the inspection) July 20, 2010	REGIONAL REPRESENTATIVE Diane Whitney and Tera Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 10-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION [Signature] 10-9-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
254a Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.	The front living room area had two medication administration records laying open on each of the medication carts.	9/14/10	① All staff will be re-oriented to confidentiality policies. ② This communication will be implemented by Administration via memo/policy reference. ③ Two separate Med Staff offices have been created as designated offices for med carts/records. This should help to ensure privacy and unauthorized access. See page 10A	Steps have been taken to correct violation; full compliance is not verifiable 10-8-10 Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

10 A 10
 Page 32 of 32

P.15
 8148497447
 Oct 01 2010 2:40PM BROOKSIDE

NAME AND ADDRESS OF PERSONAL CARE HOME Brookside Assisted Living 49 Brookside Lane Brookville, PA 15825		CURRENT LICENSE NUMBER 411130	
INSPECTION DATE(S) (include all dates of the inspection) July 20, 2010		REGIONAL REPRESENTATIVE Diane Whitney and Tera Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 10-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5/2 10-9-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
254a Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.	The front living room area had two medication administration records laying open on each of the medication carts.	10/30/10 10/30/10	A designated staff person on each shift will monitor the home daily to ensure all resident records are kept safe, locked and confidential manner. The administrator will monitor the home to ensure all resident records are kept safe, locked and confidential manner. Documentation will be kept.	