

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BROOKLINE AT MIFFLINTOWN, INC.

LEGAL ENTITY

To operate BROOKLINE RETIREMENT VILLAGE

NAME OF FACILITY OR AGENCY

Located at R.D. 1, BOX 463, MIFFLINTOWN, PA 17059

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 28
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 22, 2010 until November 22, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 302270

Robert E. Robinson

ISSUING OFFICER

Kurt J. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



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

ADULT RESIDENTIAL LICENSING

DEC 08 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Deborah Light, Administrator
Brookline at Mifflintown, Inc.
R.R. 2, Box 240
Brockway, Pennsylvania 15824

RE: Brookline Retirement Village
R.D. 1, Box 463
Mifflintown, Pennsylvania 17059

Dear Ms. Light:

As a result of the Department of Public Welfare's licensing inspection on August 6, 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

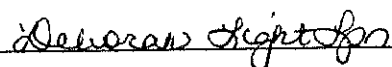
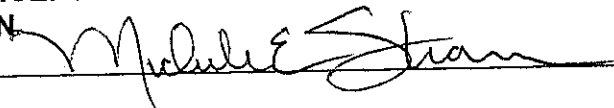
Enclosures
License
Violation Report

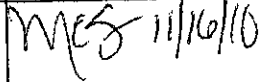
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Brookline Retirement Village RD 1, Box 464 Mifflintown, PA 17059	CURRENT LICENSE NUMBER 302270
---	---

INSPECTION DATE(S) (Include all dates of the inspection) August 6, 2010	REGIONAL REPRESENTATIVE Jaime Erb and John Bungo
---	--

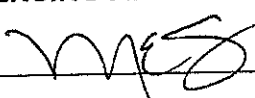
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)


SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 9-21-10	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
103b Kitchen surfaces shall be of a nonporous material and cleaned and sanitized after each meal.	The home's kitchen has two 30" x 6' serving tables made of butcher block wood.	09/24/2010 09/20/2010 09/20/2010	step 1-the two butcher block tables have been removed from the kitchen. step2 -the home has ordered a new stainless steel serving table step3- two 10 gallon brute containers with lids were ordered to store flour and sugar. the butcher block table also had this storage for these items was removed.	 11/16/10

SEP 30 2010

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

JAME AND ADDRESS OF PERSONAL CARE HOME Brookline Retirement Village RD 1, Box 464 Mifflintown, PA 17059		CURRENT LICENSE NUMBER 302270
INSPECTION DATE(S) (Include all dates of the inspection) August 6, 2010	REGIONAL REPRESENTATIVE Jaime Erb and John Bungo	
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 <i>Deborah Light Spn</i>	DATE 9-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 10/8/10

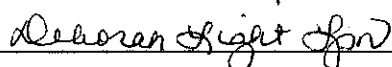
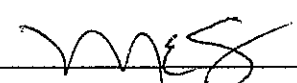
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
107d The written emergency procedures shall be reviewed, updated and submitted annually to the municipal emergency management agency.	The home did not review, update or submit the home's written emergency procedures to the municipal emergency management agency at any time.	09/22/2010 09/20/2010	step1-the municipal emergency plan will be submitted to the FERNANAGH TOWNSHIP JUNIATA COUNTY for review by the management agency. step2- the Administrator will maintain that the municipal emergency management plan will be reviewed and updated annually.	 11/16/10

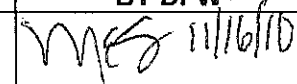
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Brookline Retirement Village RD 1, Box 464 Mifflintown, PA 17059	CURRENT LICENSE NUMBER 302270
---	---

INSPECTION DATE(S) (Include all dates of the inspection) August 6, 2010	REGIONAL REPRESENTATIVE Jaime Erb and John Bungo
---	--

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 9-21-10	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
130e If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.	Resident #1, admitted 10/28/09, has a 11/18/09 medical evaluation, 11/8/09 assessment and a 11/16/09 support plan that indicate Resident #1 is completely deaf and requires assistance to be evacuated during monthly fire drills. The home does not have any signaling device approved by a fire safety expert to alert Resident #1 in an event of a fire.	09/17/2010 09/17/2010	step1-a strobe light system has been ordered and will be installed by KEISTER SECURITY SYSTEMS. step2- fire safety expert TOM LEITER FIRE CHIEF OF MIFFLIN TOWN HOSE COMPANY APPROVES that a strobe light system will be hooked up directly to the fire alarm .	 11/16/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Brookline Retirement Village RD 1, Box 464 Mifflintown, PA 17059	CURRENT LICENSE NUMBER 302270
---	---

INSPECTION DATE(S) (Include all dates of the inspection) August 6, 2010	REGIONAL REPRESENTATIVE Jaime Erb and John Bungo
---	--

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 <i>Deborah A. Light</i>	DATE 9-21-10	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.
130e If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.	Resident #1, admitted 10/28/09, has a 11/18/09 medical evaluation, 11/8/09 assessment and a 11/16/09 support plan that indicate Resident #1 is completely deaf and requires assistance to be evacuated during monthly fire drills. The home does not have any signaling device approved by a fire safety expert to alert Resident #1 in an event of a fire.	09/17/2010	step3- administrator will maintain that when a new resident is admitted with a hearing impairment will be immediately hooked up with a strobe light system to the fire alarm. to alert them in the event of a fire. This will be reviewed semi-annually by the fire safety expert [REDACTED] FIRE CHIEF MIFFLINTOWN HOSE COMPANY.	

B

NAME AND ADDRESS OF PERSONAL CARE HOME Brookline Retirement Village RD 1, Box 464 Mifflintown, PA 17059	CURRENT LICENSE NUMBER 302270
---	---

INSPECTION DATE(S) (Include all dates of the inspection) August 6, 2010	REGIONAL REPRESENTATIVE Jaime Erb and John Bungo
---	--

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 <i>Deborah A. Light</i>	DATE 9-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
--	----------------------------	--	-------------

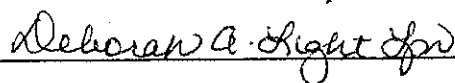
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW																												
132d Residents 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.	The home's fire safety letter dated 9/23/09 indicates a safe evacuation time of 3 minutes and 30 seconds. The home's evacuation time for the 3/16/10 fire drill was 6 minutes. <table border="1" style="width:100%; margin-top: 10px; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Evac Time</th> <th>Staff</th> </tr> </thead> <tbody> <tr> <td>3/16/10</td> <td>11:05p</td> <td>6min</td> <td>2</td> </tr> <tr> <td>3/29/10</td> <td>6:00p</td> <td>5min</td> <td>11</td> </tr> <tr> <td>4/8/10</td> <td>9:10a</td> <td>3min</td> <td>7</td> </tr> <tr> <td>4/28/10</td> <td>3:15p</td> <td>4min 20sec</td> <td>6</td> </tr> <tr> <td>5/16/10</td> <td>2:00a</td> <td>4min 30sec</td> <td>2</td> </tr> <tr> <td>5/28/10</td> <td>10:30a</td> <td>2min 50sec</td> <td>2</td> </tr> </tbody> </table> Repeat Violation: 8/21/09, et al	Date	Time	Evac Time	Staff	3/16/10	11:05p	6min	2	3/29/10	6:00p	5min	11	4/8/10	9:10a	3min	7	4/28/10	3:15p	4min 20sec	6	5/16/10	2:00a	4min 30sec	2	5/28/10	10:30a	2min 50sec	2	09/01/2010 <i>continued</i> 09/01/2010 09/01/2010	step4- the home continues to conduct fire drills twice monthly to maintain optimum safe evacuation time. step5-the Administrator reviews the times and the drills on a monthly basis and will notify the Fire Safety expert if the staff or residents are over the safe evacuation time. step6-Fire Safety Expert Tom Leiter educates staff and residents every 6 months to maintain and	
Date	Time	Evac Time	Staff																													
3/16/10	11:05p	6min	2																													
3/29/10	6:00p	5min	11																													
4/8/10	9:10a	3min	7																													
4/28/10	3:15p	4min 20sec	6																													
5/16/10	2:00a	4min 30sec	2																													
5/28/10	10:30a	2min 50sec	2																													

C

NAME AND ADDRESS OF PERSONAL CARE HOME Brookline Retirement Village RD 1, Box 464 Mifflintown, PA 17059	CURRENT LICENSE NUMBER 302270
---	---

INSPECTION DATE(S) (Include all dates of the inspection) August 6, 2010	REGIONAL REPRESENTATIVE Jaime Erb and John Bungo
---	--

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 9-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
--	----------------------------	--	-------------

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.	The home's fire safety letter dated 9/23/09 indicates a safe evacuation time of 3 minutes and 30 seconds. The home's evacuation time for the 3/16/10 fire drill was 6 minutes. <table border="1" style="width:100%; margin-top: 10px; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Evac Time</th> <th>Staff</th> </tr> </thead> <tbody> <tr> <td>3/16/10</td> <td>11:05p</td> <td>6min</td> <td>2</td> </tr> <tr> <td>3/29/10</td> <td>6:00p</td> <td>5min</td> <td>11</td> </tr> <tr> <td>4/8/10</td> <td>9:10a</td> <td>3min</td> <td>7</td> </tr> <tr> <td>4/28/10</td> <td>3:15p</td> <td>4min 20sec</td> <td>6</td> </tr> <tr> <td>5/16/10</td> <td>2:00a</td> <td>4min 30sec</td> <td>2</td> </tr> <tr> <td>5/28/10</td> <td>10:30a</td> <td>2min 50sec</td> <td>2</td> </tr> </tbody> </table> Repeat Violation: 8/21/09, et al	Date	Time	Evac Time	Staff	3/16/10	11:05p	6min	2	3/29/10	6:00p	5min	11	4/8/10	9:10a	3min	7	4/28/10	3:15p	4min 20sec	6	5/16/10	2:00a	4min 30sec	2	5/28/10	10:30a	2min 50sec	2	09/01/2010	step 6 continued and review fire safety and safe evacuation time for the home.	
Date	Time	Evac Time	Staff																													
3/16/10	11:05p	6min	2																													
3/29/10	6:00p	5min	11																													
4/8/10	9:10a	3min	7																													
4/28/10	3:15p	4min 20sec	6																													
5/16/10	2:00a	4min 30sec	2																													
5/28/10	10:30a	2min 50sec	2																													

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

A

NAME AND ADDRESS OF PERSONAL CARE HOME Brookline Retirement Village RD 1, Box 464 Mifflintown, PA 17059		CURRENT LICENSE NUMBER 302270
INSPECTION DATE(S) (Include all dates of the inspection) August 6, 2010	REGIONAL REPRESENTATIVE Jaime Erb and John Bungo	
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 <i>Deborah A. Light</i>	DATE 9-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>
		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 home's vehicle was missing a thermometer and tweezers.	08/06/2010 08/06/2010 08/08/2010	step1-on the day of inspection the thermometer and tweezers were replaced in the first aid kit immediately. step2-the first aid kit was collected and all were placed in a bag with a check off list to be brought to the Administrator when articles are used to be replaced immediately. step3- the Administrator checks	<i>MES 11/16/10</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Brookline Retirement Village RD 1, Box 464 Mifflintown, PA 17059	CURRENT LICENSE NUMBER 302270
---	---

INSPECTION DATE(S) (Include all dates of the inspection) August 6, 2010	REGIONAL REPRESENTATIVE Jaime Erb and John Bungo
---	--

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 <i>Deborah A. Light</i>	DATE 9-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>WES</i>	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 home's vehicle was missing a thermometer and tweezers.	08/08/2010 continued	step 3 continued the first aid kit and bag monthly to assure that all items are present as per Quality Assurance.	