



JUL 19 2013

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

Dear Ms. Mazzaferro:

As a result of the Department of Public Welfare's licensing inspection on May 23, 2013, 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.

Your regular license for the period of October 15, 2013 to October 15, 2014 was issued on July 1, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to be "R. Melusky", written in a cursive style.

Ronald Melusky
Director

Enclosure
Violation Report

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

RECEIVED

JUN 28 2013

WEST REGION FIELD OFFICE
 Human Services Licensing

PCH Name: BROOKSIDE SENIOR LIVING		License Number: 411130
Address: 49 BROOKSIDE LANE, BROOKVILLE, PA 15825		County: Jefferson
Administrator: Tom Guthridge	Region: WEST	
Legal Entity Name: BROOKSIDE ASSISTED LIVING INC		
Legal Entity Address: 49 BROOKSIDE LANE, BROOKVILLE, PA 15825		
Certificate(s) of Occupancy C-2 LP 07/03/2003 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 39 Waking Staff: 29		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/23/2013: Bacher, Mike; McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 50 Number of Residents Served: 37 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0	

Jan [Signature]

6.28.13

Violation Report: 41113 - 05/23/2013 - Bacher, Mike
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Resident [REDACTED] has an enabler bar attached to the bed. The bar fits between the mattress and box springs and is held in place by the weight of the mattress. There is a gap of approximately 3 inches between the bar and the bed and it is not securely affixed, creating a fall hazard. Also, the opening in the bar does not have a cover. The open area is approximately 7 inches wide and 12 inches high which poses a strangulation hazard for the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

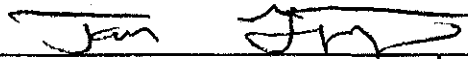
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Addendum A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Tom Guttridge Administrator

Date

6-28-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7/1/13
(Date)

Plan of correction implementation status as of

7/1/13
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by


(Initials)

RECEIVED

JUN 28 2013

Addendum A

WEST REGION FIELD OFFICE
Human Services Licensing

1. The existing enabler bar will be removed and replaced with an enabler bar that attaches to the frame of the bed which will affix more securely via nut/bolt, thus minimizing the fall hazard. Also, the replacement enabler bar will have smaller open area dimensions which should eliminate the potential strangulation hazard. The largest above-mattress open area of the bar is 5.5"H x 4"W (see attachments 1, 2, 3, and 4). This will be performed by Administration by 07.01.13.
2. To help deter future non-compliance with this Regulation, Brookside Administration will conduct monthly walk-throughs to ensure that any enabler bars being utilized by residents are safe and free of hazards.

By 7/15/13 - Open areas on the enabler shall be covered to prevent entrapment.
JR 7/1/13

Jan [Signature] 6.28.13

[Signature] 7/1/13

Violation Report: 41113 - 05/23/2013 - Bacher, Mike
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

The following items were found unlocked and accessible to residents in the laundry room.

17 container of bleach with a manufacture's label indicating " if swallowed contact poison control or a physician immediately "

6 containers of laundry stain remover spray bottle with a manufacture's label indicating " if swallowed contact poison control or a physician immediately "

2 containers of disinfectant with a manufacture's label indicating " if swallowed contact poison control or a physician immediately "

Residents of the home, including Resident [REDACTED] have not been assessed capable of recognizing and using poisons safely.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Addendum B


Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Tom Guthridge, Administrator Date 6-28-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 7/1/13
(Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

JUN 28 2013

Addendum B

WEST REGION FIELD OFFICE
Human Services Licensing

1. Any poisonous materials under supervision, use, or possession of Brookside and/or Brookside Staff are kept locked and accessible to facility staff only. This practice has already been in existence and will remain in effect as per Brookside's Policy (see attachment 5).
2. Residents are not permitted to independently use or possess poisonous materials unless deemed capable by their physician and/or Brookside Administration. If a resident is deemed capable to safely use or possess poisonous materials independently, then Brookside requires that the resident keep the poisonous materials locked in his/her room or secured by Brookside. This information is stipulated in our Resident Home Contract (see attachment 6).
3. To help deter future non-compliance with this Regulation, Administration will instruct staff via MEMO to be aware of what is considered poisonous materials and to review the Regulation 2600.82 regarding Poisons and appropriate storage. Additionally, a prominent sign is hung on the laundry room door as a reminder for staff to keep the laundry area locked when not under the direct supervision of a staff person (see attachment 7).

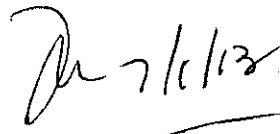
By 7/15/13 - A designated staff person, daily and on each shift shall monitor the home for poisons.

By 7/15/13 - The administrator will monitor the home at least weekly to ensure poisons remain locked.

7/1/13



6.28.13


7/1/13

Violation Report: 41113 - 05/23/2013 - Bacher, Mike
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
HUMAN SERVICES LICENSING

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone in bedroom #37 does not have the emergency numbers posted nearby.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Addendum C

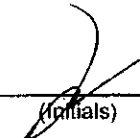
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Tom Conroy, Administrator Date 6.28.13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 7/1/13
(Date)

- Fully Implemented 
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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JUN 28 2013

WEST REGIONAL DIVISION
Human Services Licensing

Addendum C

1. All current phones within the facility have already been reassessed to ensure that they have telephone # stickers (see sample #1 below) affixed which list all of the required telephone numbers as specified in Regulation 2600.91. This was performed by Administration.
2. To help deter future non-compliance with this Regulation, Brookside will continue to provide telephone # stickers to residents upon admission, and will perform monthly checks to ensure all phones within the facility have the appropriate telephone # sticker affixed.

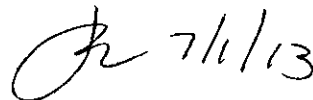
Note: The violation in question of the telephone in room #37 was corrected and verified on the date of inspection by the Licensing Representative on-site.

Sample #1

Ambulance-Fire-Police	911
Brookville Hospital	849.2312
Emergency Management	849.5052
Poison Control Center	1.412.681.6669
PCH Complaint Hotline	1.877.401.8835

  6-28-13

2013 Violation Report

 7/1/13

Violation Report: 41113 - 05/23/2013 - Bacher, Mike

PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
Human Services Administration

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

There were two bags of sliced cheese found in the kitchen refrigerator not dated to when opened.
A plastic container of sliced mushroom was not dated to when opened.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Addendum D

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Tom Gutridge, Administrator

Date

6-28-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7/1/13
(Date)

Plan of correction implementation status as of

7/1/13
(Date)

The above plan of correction was approved by

(Initials)

- Fully Implemented *a*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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JUN 28 2013

WEST REGIONAL OFFICE
Human Services Administration

Addendum D

1. All food under the management of Brookside Staff is to be stored in closed or sealed containers and labeled with contents and dated to when opened. This practice has already been in existence and will remain in effect as per Brookside's Policy (see *attachment 8*).
2. To help deter future non-compliance with this Regulation, Administration will instruct staff via MEMO to re-orient themselves to existing Brookside Kitchen Policies and to review the Regulation 2600.103 regarding opened food containers and/or leftover foods. Additionally, a daily check sheet has been developed for dietary staff to utilize which will help to ensure that all opened containers of food and/or leftover foods are properly labeled and dated (see *attachment 9*).

Note: The violation in question of the food items not being dated to when opened was corrected and verified on the date of inspection by the Licensing Representative on-site.

Jan Oye

6-28-13

J
2/6/13

Violation Report: 41113 - 05/23/2013 - Bacher, Mike
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 5/23/13, at approximately 10:00 am the ramp leading out to the front parking lot was partially blocked with a table. This is a designated fire exit. The table narrowed the ramp in that location to approximately to 28 inches.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

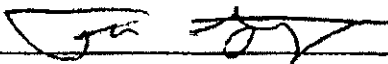
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Addendum E

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Tom Guthridge, Administrator

Date

6.28.13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

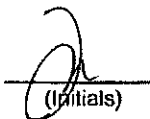
The above plan of correction is approved as of


7/1/13
(Date)

Plan of correction implementation status as of

7/1/13
(Date)

The above plan of correction was approved by


(Initials)

- Fully Implemented 
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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JUN 28 2013

Addendum E

WEST REGION FIELD OFFICE
Human Services Division

1. The violation in question of a table partially blocking the ramp leading out to the front parking lot was corrected on the date of inspection by Administration. The table was removed from the ramp and placed in an area that does not obstruct any stairway, hallway, doorway, passageway, or egress route. A picture is attached to verify that the specific area being referenced in this violation is now free of obstruction (see attachment 10).
2. To help deter future non-compliance with this Regulation, Brookside Administration will stress importance of unobstructed stairways, hallways, doorways, passageways, and egress route as part of monthly Fire Drills and during annual Fire Safety Training. Additionally, staff will be instructed via MEMO to keep these areas free from obstruction and to report any areas of concern to Administration.

By 7/15/13 - A designated staff person, daily and on each shift will monitor the egress routes to ensure they remain unobstructed

By 7/15/13 - The administrator will monitor the home at least weekly to ensure egress routes are unobstructed.

7/16/13

JM SP 6.28.13

2013 Violation Report

7/1/13

JUN 28 2013

Violation Report: 41113 - 05/23/2013 - Bacher, Mike
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The home does not have procedures for the safe use of medications. Resident [redacted] is ordered Hydrocodone/Acetaminophen (5-325 MG) Take 1 tablet orally daily as needed for pain. The count sheet indicates 32 tablets remain, however the actual count of tablets show there is 34 remaining.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Addendum F

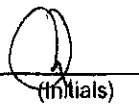
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Tom Guthridge, Administrator Date 6-28-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/1/13
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 2/6/13
(Date)

- Fully Implemented 
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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JUN 28 2013

Addendum F

WEST REGION HEALTH OFFICE
Human Services Licensing

1. This violation stems from the following situation:
Resident [REDACTED] medications are supplied by the VA Pharmacy in bottles. Due to the tedious nature of counting bottled controlled drugs between each shift, Brookside Staff was instead counting the VA-supplied controlled bottled drugs weekly.
2. To correct this specific situation, Brookside Administration has already had Diamond Pharmacy repackage Resident [REDACTED] current supply of bottled controlled drugs into punch cards which has allowed for easier counting between each shift (*see attachment 11*).
3. To help deter future non-compliance with this Regulation, Brookside Administration will reorient staff via MEMO to existing policy entitled *Procedures for Safe Storage, Access, Security, Distribution and Use of Medications and Medical Equipment* (*see attachment 12*) which stipulates that all narcotic/controlled medications will be accounted for each shift. Additionally, arrangements with Diamond Pharmacy have been made to repackage all VA-supplied controlled bottled drugs into punch cards upon Brookside's request.

6-27/13

JFM

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6.25.13

JUN 28 2013

Violation Report: 41113 - 05/23/2013 - Bacher, Mike
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGIONAL OFFICE OF
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident [redacted] is ordered Hydrocodone/Acetaminophen (5-325 MG) Take 1 tablet orally daily as needed for pain. The medication administration record (MAR) indicates Hydrocodone/APAP (5-500 MG) Take 1 tablet orally daily as needed for pain.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Addendum G

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Tom Guthridge, Administrator

Date

6.28.13

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7/1/13
(Date)

Plan of correction implementation status as of

7/1/13
(Date)

The above plan of correction was approved by


(Initials)

- Fully Implemented *d*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

JUN 28 2013

WEST REGIONAL DEPARTMENT
Human Services

Addendum G

1. Upon discovering the medication discrepancy on 05.23.13, Administration received an order clarification from the prescribing doctor (see attachment 13) and the appropriate order was documented in the MAR (see attachment 14) to match the pharmacy label.

2. To help deter future non-compliance with this Regulation, Administration will perform the following:
 - a. Re-orient staff via MEMO to existing policy entitled *Procedures for Safe Storage, Access, Security, Distribution and Use of Medications and Medical Equipment* (see attachment 12). In this policy, staff are directed to audit MAR's/TAR's to Meds and Meds to MAR's/TAR's monthly.
 - b. Diamond Pharmacy will continue to provide quarterly audits to help ensure accuracy/availability of MAR/TAR to meds/treatments and vice versa.

By 7/31/13 - The administrator will review the medication audits at least monthly.

7/1/13

JE ~

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6.28.13