



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 28 2014

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

RE: Brookside Senior Living
License #: 411130

Dear Ms. Mazzaferro:

As a result of the Department of Public Welfare's licensing inspection on April 29, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period October 15, 2014 to October 15, 2015 was issued on July 2, 2014. Your regular license remains in good standing.

Sincerely,



Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: BROOKSIDE SENIOR LIVING		License Number: 41113
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 Dept L&I		RECEIVED JUL 15 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 40	Waking Staff: 30
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/29/2014: Pfaff, Vicki; Mazza, Larry		
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: 34 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: 1 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 0	

Jan [Signature] 07.14.14

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JUL 16 2014

Violation Report: 41113 - 04/29/2014 - Pfaff, Vicki
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #1, who was admitted to the home on 1/13/14, has not had a resident-home contract completed.

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.

8-15-14 - The Administrator or designated staff person will review all new resident documentation to ensure a resident-home contract is in place and part of the resident record. 7-17-14

Refer to Addendum A

See Page 2 A

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date
Tom Gauthier, Administrator *07.14.14*

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

The above plan of correction is approved as of 7-17-14
(Date)

Plan of correction implementation status as of 7-17-14
(Date)

The above plan of correction was approved by [Signature]
(Initials)

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

Addendum A

1. Upon admission of Resident #1, a contract was completed. Sometime between the admission date and 04.29.14 (date of on-site inspection), the contract was misplaced and unable to be located. On 04.30.14, Administration and other relevant parties completed/signed another contract which was made retroactive to the original date of admission (see Attachment 1 and 2) - to consolidate the length of the POC verification submission, we are attaching only the First Page and Signature Page of the Resident Home Contract.
2. A written resident contract is part of our routine admission process and has been since the inception of the Facility. As previously stated, the original contract was completed and subsequently misplaced. We believe that our existing resident admission/contract process is adequate and that there does not seem to be a systemic deficiency in the process. However, as a result of this specific violation, we have conducted an audit of all current residents (as of 07.09.14), and have reaffirmed that all resident contracts are in place, signed and dated by all relevant parties.

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JUL 15 2014

WEST REGIONAL OFFICE
Human Services Licensing

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Violation Report: 41113 - 04/29/2014 - Pfaff, Vicki
PCH Name: BROOKSIDE SENIOR LIVING

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1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

JUL 15 2014

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
At 11:35 a.m., the exhaust fan in the bathroom of resident bedroom #33 was inoperable.

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.

8-15-14 - All staff persons will be educated on correcting or reporting any furniture or equipment which is in disrepair, not clean or is hazardous. Documentation of education will be kept. 7-17-14

Refer to Addendum B

See Page 3A

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Tom Gwibridg*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tom Gwibridg Administrator* Date *07.14.14*

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

The above plan of correction is approved as of 7-17-14
(Date)

Plan of correction implementation status as of 7-17-14
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

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Page 3A

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Addendum B

WEST REGION FIELD OFFICE
Human Services Licensing

1. The violation of "...the exhaust fan in the bathroom of resident bedroom #33 was inoperable" is cited as a violation of Regulation 2600.95. However, it appears that this is actually a violation of Regulation 2600.86(b) which states that "A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation."
2. To correct this violation, Administration replaced the motor in the bathroom fan of bedroom #33 on 05.01.14. Since then, the fan has been operable.
3. Currently, any maintenance related issues and/or inoperable equipment is reported to Administration upon discovery, typically by staff or residents, and promptly repaired or replaced by Administration. To deter future non-compliance with this Regulation, Administration will remind staff via MEMO to look for and report any potential maintenance related issues and/or inoperable equipment to Administration promptly for appropriate attention.

Jan [Signature]

07-17-14

7-17-14

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Violation Report: 41113 - 04/29/2014 - Pfaff, Vicki
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - 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.

2a. DESCRIPTION OF VIOLATION

At 11:25 a.m., there were unlocked and accessible medications on the bathroom shelf in bedroom #13:

- *A 4oz tube of Calmoseptine ointment
- *A 4oz tube of A & D ointment
- *A 1.78oz jar of Vicks Vaporub

At 11:25 a.m., there was a 4oz tube of Calmoseptine ointment on the grab bar behind the toilet in bedroom #13.

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.

8-15-14 - The administrator or designated staff person will check the home daily to ensure prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked. 7-17-14

Refer to Addendum C

see page 4A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tom Gutteridge*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tom Gutteridge Administrator* Date *07.14.14*

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The above plan of correction is approved as of 7-17-14 (Date)

Plan of correction implementation status as of 7-17-14 (Date)

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

The above plan of correction was approved by *[Signature]* (Initials)

Addendum C

1. To correct this violation, a lock was installed on resident's door to ensure that medications are capable of being locked in resident room (See Attachment 3). This action was completed on 07.11.14 by Administration. Additionally, the resident has expressed understanding that medications in her room must be locked and agrees to comply with this requirement.
2. To deter future non-compliance with this regulation, the following actions will be taken:
 - a. Continue to inform residents and family upon admission that residents capable of Self-Administering medications shall be required to keep medications locked and secured, as outlined in the Resident Home Contract (See Attachment 4).
 - b. Re-orient staff via MLMO to existing policy entitled *Medication Policies and Procedures*, particularly related to the storage of medications of self-administering residents (See Attachment 5). Staff will be reminded in the MEMO to intermittently monitor that self-administering residents are adhering to this policy.

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JUL 17 2014

WEST REGION
Human Services Licensing

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Violation Report: 41113 - 04/29/2014 - Pfaff, Vicki
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION Field Office
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Azelastine Spray 0.1%, inhale 2 sprays into each nostril twice daily as needed for allergies. The medication label indicated that the medication had expired 2/2014. The resident's April 2014 treatment administration record (TAR) indicates that the medication was administered to the resident on 4/3/14 at 1:19 p.m.

There was a box of Debrox 65% ear drops for resident #1 with a pharmacy label that reads, "Instill 5 drops into each ear 2X day for 7 days." According to the pharmacy label, the medication was dispensed on 3/12/14.

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.

8-15-14 - The Administrator or designated staff person qualified to administer medications will conduct an initial and monthly audit of all medication charts and storage areas to ensure all medications are properly managed in accordance with regulation 2600.183(e). 7-17-14

Refer to Addendum D

See page 5A.

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) Date

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

The above plan of correction is approved as of 7-17-14 (Date)

Plan of correction implementation status as of 7-17-14 (Date)

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

The above plan of correction was approved by (Initials)

JUL 16 2014

Addendum D

WEST REGION FIELD OFFICE
Human Services Licensing

1. Related to the Azelastine Spray 0.1% portion of this violation, two corrective actions have taken place:
 - a. The expired supply of the Azelastine was pulled from the Treatment Cart on 04.29.14 and disposed of by Staff Persons on 05.10.14 (See Attachment 6).
 - b. A new supply of Azelastine was ordered by Staff and delivered by Diamond Pharmacy to Facility on 04.29.14 (See Attachment 7).
2. Related to the Debrox 6.5% Ear Drops portion of this violation, please note that this medication was started on 03.13.14 and was ordered to be administered for 7 days only, thus therapy was completed on 03.19.14. However, the Debrox Drops should have then been subsequently disposed of after 03.19.14. To correct this violation, the Debrox Drops were pulled from the Treatment Cart on 04.29.14 and disposed of by Staff Persons on 05.10.14 (See Attachment 6).
3. To help deter 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* related to MAR/TAR and Medication/Treatment audits for accuracy (See Attachment 8).
 - b. Re-orient staff via MEMO to existing policy entitled *Supplemental Medication Policies and Procedures* related to discontinued and expired medications/treatments (See Attachment 9).
 - c. Diamond Pharmacy will continue to provide quarterly audits to help ensure accuracy/availability of MAR/TAR to medications/treatments and vice versa.

Violation Report: 41113 - 04/29/2014 - Pfaff, Vicki
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The April 2014 medication administration record (MAR) indicates that resident #4 is prescribed Valproic ACD Cap 250 mg; take 3 capsules (750mg) orally in the morning and take 4 capsules (1000mg) orally at bedtime. The medication pharmacy label dated 12/27/13 directions states to take 3 capsules at 8:00 a.m. and 4:00 p.m. and 4 capsules at 8:00 p.m.

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.

8-15-14 - The Administrator or designated staff person qualified to Administer medications will check all medication labels At least monthly for accuracy and complete assessment. 7-17-14

Refer to Addendum E

See page 6A

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Tom Guthrie*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tom Guthrie Administrator* Date *07.14.14*

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

The above plan of correction is approved as of 7-17-14
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of 7-17-14
(Date)

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

Addendum E

1. This violation was corrected on 04.29.14 by Brookside Staff. Staff corrected this violation by adhering to a "Directions Change – Refer to Chart" sticker on the mislabeled bottles of Valproic Acid. Compliance was verified on-site by DPW Representatives, and compliance verification related to this violation was also verbally reaffirmed between Brookside Administration, DPW Representatives, and AAA Representative during the Exit Interview on 04.29.14. As a result, no further corrective action is necessary at this time.
2. To deter future non-compliance with this regulation, the following actions will be taken:
 - a. Re-orient staff via MEMO to existing policy entitled *Procedures for Safe Storage, Access, Security, Distribution and Use of Medications and Medical Equipment* related to MAR/TAR and Medication/Treatment audits for accuracy (See Attachment 10).
 - b. Re-orient staff via MEMO to existing policy entitled *Supplemental Medication Policies and Procedures*, particularly related to the direction changes of medication orders (See Attachment 11).

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WEST REGION FIELD OFFICE
Human Services Licensing

Jean [Signature] 07/14

Violation Report: 41113 - 04/29/2014 - Pfaff, Vicki
 PCH Name: BROOKSIDE SENIOR LIVING

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
 Resident #3's is prescribed ear drops sol 6.5%; instill 4 drops into each ear weekly for ear wax removal. On 4/28/14, the ear drops were not available in the home for administration.

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.

*withdawn
4*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/23/2013	
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41113 - 04/29/2014 - Pfaff, Vicki
PCH Name: BROOKSIDE SENIOR LIVING

WEST REGION FIELD OFFICE
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

The April 2014 medication administration record (MAR) for resident #1 did not include a diagnosis or purpose for Tramadol HCL tab 50mg.

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.

8-15-14 - The Administrator or designated staff person qualified to administer medications will review all resident MARs at least monthly for accuracy and completion including a purpose or diagnosis for each medication 7-17-14

Refer to Addendum G

See also 9A

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/23/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tom Gathridge Administrator* Date *07.14.14*

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

The above plan of correction is approved as of <u>7-17-14</u> (Date)	Plan of correction implementation status as of <u>7-17-14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Addendum G

1. Related to this violation, as can be seen by the attached April 2014 MAR (See Attachment 18), there is a diagnosis listed for the Tramadol HCl tab 50mg order in question. It is not able to be determined who made the diagnosis entry or when the diagnosis entry was made. As of 07.09.14, there is still a diagnosis listed for this medication.
2. To deter future non-compliance with this regulation, the following actions will be taken:
 - a. Re-orient staff via MEMO to existing policy entitled *Medication Record (MAR)* (See Attachment 19).

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JUL 17 2014

WEST REGIONAL CENTER
Human Services Learning

[Handwritten signatures and notes]

7-17-14g