



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

AUG 12 2014

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

RE: Brookside Senior Living
411130

Dear Ms. Mazzaferro:

As a result of the Department of Public Welfare's licensing inspection on June 5, 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.

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland". The signature is written in a cursive style with a large initial "J" and a stylized "K".

Jon Kimberland
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 41113 - 06/05/2014 - McConnell, Deb
 PCH Name: BROOKSIDE SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 6/1/14, between 12:00 a.m. - 6:00 a.m., direct care staff persons A and B were providing continence care to resident #1. In response to resident #1 becoming uncooperative, direct care staff person A struck resident #1 with an open hand at least three times on the buttocks. On 6/2/14, at 6:30 p.m. staff person B reported the allegation of physical abuse to staff person C who notified staff person D, the home's owner. The home did not report the allegation of abuse to the local area agency on aging until 6/3/14.

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.

See page 2 A

Refer to Attachment A

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 Galka, Administrator* Date *07-29-14*

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

The above plan of correction is approved as of 8-11-14
 (Date)

Plan of correction implementation status as of 8-11-14
 (Date)

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

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

Addendum A

1. What change was made

Once Staff Person B directly made the allegation to Administration on 06.03.14 at approximately 2:30pm, the reporting protocol, although late, was initiated to Jefferson County AAA (as directed by OAPSA/Act-13 directives).

2. Who made the change

The reporting protocol was initiated by Administration.

3. When the change was made

The reporting protocol was initiated on 06.03.14 at approximately 3:30pm.

4. How the change was made

Administration made the following reports:

- Oral report to Jefferson County AAA on 06.03.14 at approximately 3:30pm.
- Written report to DPW on 06.03.14 at approximately 4:30pm.
- Oral notification to Resident #1's Designated Person on 06.03.14 at approximately 4:30pm.
- Oral Notification to Staff Person A on 06.03.14 of immediate and indefinite suspension of employment pending an investigation of the alleged incident.

5. What system was implemented to prevent reoccurrence of the same violation

There is a system in place to make and keep all Staff Persons aware of the appropriate reporting protocol in cases of suspected abuse of a resident. As required by DPW, our system includes training to all Staff Persons upon hire and annually thereafter on OAPSA (Act-13 Mandatory Abuse Reporting), and Resident Rights. Additionally, Staff Persons routinely give shift report at approximately 6am and 6pm daily to Administration, typically via conference call – at this time, any noteworthy incidents that have occurred throughout the day are discussed, including in-house and/or DPW Reportable Incidents.

6. What training will be provided to Staff

Staff Persons will be directed via MEMO to review the following:

- Brookside Policy entitled *Abuse Reporting Policy and Procedure* (See Attachment #1)
- *Abuse and Abuse Reporting* section of the DPW ARL Chapter 2600 Regulatory Compliance Guide (See Attachment #2)
- *Suspected Resident Abuse Reporting and Investigation Requirements* flowchart (which summarizes OAPSA reporting requirements) of the DPW ARL Chapter 2600 Regulatory Compliance Guide (See Attachment #3)
- *Act-13 of 1997 Mandatory Abuse Report Form Instruction Sheet* and corresponding *Act-13 Mandatory Abuse Report* form (See Attachment #4)
- An emphasis of Timely Reporting to AAA ("immediately" related to situations involving suspected abuse of a resident) will be conveyed in the MEMO.

Additionally, in-service Staff Person trainings to be conducted by Jefferson County AAA related to OAPSA/Act-13 have been tentatively scheduled for 08.12.14 and 08.13.14.

Violation Report: 41113 - 06/05/2014 - McConnell, Deb
 PCH Name: BROOKSIDE SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 6/1/14, between 12:00 a.m. - 6:00 a.m., direct care staff persons A and B were providing continence care to resident #1. In response to resident #1 becoming uncooperative, direct care staff person A struck resident #1 with an open hand at least three times on the buttocks. On 6/2/14, at 6:30 p.m. staff person B reported the allegation of physical abuse to staff person C who notified staff person D, the home's owner. The home did not submit an incident report to the Department until 6/3/14.

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.

See page 3A

Refer to Attachment B

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Tom [Signature]

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

Tom [Signature] Administrator

Date

07/29/14

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- Not Implemented

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

Addendum B

1. What change was made

Once Staff Person B directly made the allegation to Administration on 06.03.14 at approximately 2:30pm, the reporting protocol, although late, was initiated to DPW (as directed by Chapter 2600 Regulations).

2. Who made the change

The reporting protocol was initiated by Administration.

3. When the change was made

The reporting protocol was initiated on 06.03.14 at approximately 3:30pm.

4. How the change was made

Administration made the following reports:

- Oral report to Jefferson County AAA on 06.03.14 at approximately 3:30pm.
- Written report to DPW on 06.03.14 at approximately 4:30pm.
- Oral notification to Resident #1's Designated Person on 06.03.14 at approximately 4:30pm.
- Oral Notification to Staff Person A on 06.03.14 of immediate and indefinite suspension of employment pending an investigation of the alleged incident.

5. What system was implemented to prevent reoccurrence of the same violation

There is a system in place to make and keep all Staff Persons aware of the appropriate reporting protocol in cases of suspected abuse of a resident. As required by DPW, our system includes training to all Staff Persons upon hire and annually thereafter on OAPSA (Act-13 Mandatory Abuse Reporting), and Resident Rights. Additionally, Staff Persons routinely give shift report at approximately 6am and 6pm daily to Administration, typically via conference call – at this time, any noteworthy incidents that have occurred throughout the day are discussed, including in-house and/or DPW Reportable Incidents.

6. What training will be provided to Staff

Staff Persons will be directed via MEMO to review the following:

- Brookside Policy entitled *Abuse Reporting Policy and Procedure* (See Attachment #1)
- Brookside Policy entitled *Reportable Incident Procedure* (See Attachment #5)
- *Abuse and Abuse Reporting* section of the DPW ARL Chapter 2600 Regulatory Compliance Guide (See Attachment #2)
- *Suspected Resident Abuse Reporting and Investigation Requirements* flowchart (which summarizes OAPSA reporting requirements) of the DPW ARL Chapter 2600 Regulatory Compliance Guide (See Attachment #3)
- *Act-13 of 1997 Mandatory Abuse Report Form Instruction Sheet* and corresponding *Act-13 Mandatory Abuse Report* form (See Attachment #4)
- An emphasis of Timely Reporting to DPW ("within 24 hours" of incident related to situations involving suspected abuse of a resident) will be conveyed in the MEMO

Additionally, in-service Staff Person trainings to be conducted by Jefferson County AAA related to OAPSA/Act-13 have been tentatively scheduled for 08.12.14 and 08.13.14.

Violation Report: 41113 - 06/05/2014 - McConnell, Deb
 PCH Name: BROOKSIDE SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 6/1/14, between 12:00 a.m. - 6:00 a.m., direct care staff persons A and B were providing continence care to resident #1. In response to resident #1 becoming uncooperative, direct care staff person A struck resident #1 with an open hand at least three times on the buttocks.

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 page 4A

Refer to Attachment C

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tom Stuber*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tom Stuber, Director* Date *07.29.14*

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 (Initials)

Addendum C

1. **What change was made**
Staff Person A was suspended from employment while an investigation of the incident was conducted. Upon completion of the investigation, Staff Person A was terminated from employment.
2. **Who made the change**
Staff Person A's employment was suspended and subsequently terminated by Brookside Administration.
3. **When the change was made**
Staff Person A was officially placed on employment suspension on 06.03.14. Upon completion of all investigations conducted by Brookside, Jefferson County AAA, and DPW, Staff Person A's employment with Brookside was terminated on 06.11.14.
4. **How the change was made**
Staff Person A was suspended from employment on 06.03.14 via telephone, and eventually terminated from employment via telephone on 06.11.14.
5. **What system was implemented to prevent reoccurrence of the same violation**
Regarding Staff Person A, this situation will no longer occur as Staff Person A was terminated from employment. Pertaining to current Staff Persons, please see #5 responses in both Addendum's A and B.
6. **What training will be provided to Staff**
Regarding Staff Person A, training is obviously not applicable.
Pertaining to current Staff Persons, a MEMO will be provided directing them to review:
 - Brookside Policy entitled *Resident Rights and Complaint Procedures* (See Attachment #6)Additionally, in-service Staff Person trainings to be conducted by Jefferson County AAA related to OAPSA/Act-13 have been tentatively scheduled for 08.12.14 and 08.13.14.

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8-10-14