



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 12, 2015

Mr. Eddy J. Inzana, President/ CEO
Brookline at Mifflintown, Inc.
8796 Route 219, P.O. Box 240
Brockway, Pennsylvania 15824

RE: Brookline Retirement Village
92 Village Drive
Mifflintown, Pennsylvania 17059
Certificate #: 302270

Dear Mr. Inzana:

As a result of the Department of Human Services' licensing inspection on January 15, 2015 and February 17 and 18, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summaries were found.

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

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure
Licensing Inspection Summaries (2)

Violation Report: 30227 - 01/15/2015 - OPake, Hope
 PCH Name: BROOKLINE RETIREMENT VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on January 8, 2015 indicates that 24 residents were in the home and 24 residents were evacuated. Resident #1 was not evacuated during the fire drill.

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.

Step 1: The Administrator will meet with the Mifflintown Hose Company No1., Fire Safety Expert [REDACTED] Fire Chief to review fire safe evacuation times for Brookline Retirement Village. Current Fire Safe time is 5 minutes and 30 seconds.

Step2: An Unannounced fire Drill will be held at Brookline Retirement Village twice monthly for a year by the Administrator

Step3: All residents of the home will be evacuated the entire building to the designated meeting place at the time of each fire drill.

Step 4: Alternate Exit routes shall be used during fire drill.

Step5: Fire Drills will be held on different days of the week and different times of the day.

Step6: The Fire Alarm will be set off during each fire drill.

Continued on Page 2A of 3. -BE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Deborah A. Light LPN / PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Deborah A. Light LPN / PCHA* Date *3-06-2015*

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

The above plan of correction is approved as of 6/11/15
 (Date)

The above plan of correction was approved by NSC
 (Initials)

Plan of correction implementation status as of 4/1/15
 (Date)

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

Step 7: The written Fire Drill Record shall include the Date, Time, the amount of time it took for the evacuation, the exit route, and the number of residents in the home at the time of the drill, the number of residents evacuated at the time of the drill. The number of staff persons participating, problems encountered and whether the fire alarm and smoke detector was operative

Step 8: The Administrator will review the safe evacuation times and drills on a monthly basis. The Administrator will notify the Fire Safety Expert if the staff or residents are over the safe evacuation times.

Step 9: At the safe meeting place staff will make sure that all residents evacuated by taking attendance.

Step 10: Administrator will provide in -Service training to staff on fire safety yearly and as needed. Fire Safety Expert for Mifflintown Hose Company will participate in this training with staff.

Deborah A Light for PCMA
Deborah A Light-LAN PCMA
3-6-2015

Violation Report: 30227 - 01/15/2015 - OPake, Hope
 PCH Name: BROOKLINE RETIREMENT VILLAGE

1. REGULATION 55 Pa.Code §2600
 2800.132(d) - 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.

2a. DESCRIPTION OF VIOLATION
 Resident #1 did not evacuate during the fire drill on January 8, 2015.

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.

Step1: An unannounced Fire Drill will be held at Brookline Retirement Village by the Administrator .The residents of the home the entire building will be evacuated to the designated meeting place at the time of each fire drill.

Step2:The fire Alarm will be set off during each fire drill.

Step3:The Administrator will review the safe evacuation times and drills on a monthly basis The Administrator will notify the Fire Safety Expert if the staff or residents are over the safe evacuation times.

Step4:At the safe meeting place staff will make sure all residents are evacuated by taking attendance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Deborah A Light LPN / PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Deborah A Light LPN / PCHA* Date *3-06-2015*

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The above plan of correction is approved as of 6/11/15
 (Date)

The above plan of correction was approved by N/C
 (Initials)

Plan of correction implementation status as of 4/1/15
 (Date)

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

Violation Report: 30227 - 02/17/2015 - Minnich, Ron

PCH Name: BROOKLINE RETIREMENT VILLAGE

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 12/14/14, an allegation of abuse against Resident #1 was reported to Administrator A. The home did not report the suspected abuse to the local Area Agency on Aging or the State Department of Aging.

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.

Step1: The Administrator of the home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Act. And will comply with the requirements regarding restrictions on staff persons.

Step2: Any reports of suspected abuse will be called to the Juniata Mifflin County Area on Aging Office immediately

Step3: Any reports of suspected abuse will be called to the Juniata Mifflin County Area on Aging Adult Protective Services

Step4: The Administrator will notify The Department of Human Services Personal Care Central Regional Office immediately of suspected Abuse of a resident served in the home.

Step 5: The Administrator will conduct abuse training and awareness with the staff education plan along with OAPSA as needed. - *BE*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Debbie Light LPN / PCHA

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Debbie Light LPN / PCHA

Date

3-06-15

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The above plan of correction is approved as of 3-24-15
(Date)

The above plan of correction was approved by *BE*
(Initials)

Plan of correction implementation status as of 4-1-15
(Date)

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

Violation Report: 30227 - 02/17/2015 - Minnich, Ron
 PCH Name: BROOKLINE RETIREMENT VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 12/11/2014, an allegation of abuse was made against Staff Person B regarding Resident #1. The home did not immediately develop a plan of supervision or suspend the staff person.

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.

Step1: The Administrator shall immediately report suspected abuse of a resident served in the home in accordance of the Older Adult Protective Act and will comply with the requirements regarding restrictions on staff persons.

Step2: No form of resident Abuse will be tolerated in the Brookline Community. If an allegation of abuse is reported the employee will immediately suspended. Any findings of Abuse will result in immediate termination.

Step3: The Administrator will conduct abuse training and awareness with the staff education plan along with the Older Adult Protection Act yearly and as needed

Step4: The Administrator will immediately report suspected Abuse to the Juniata/Mifflin County Area on Aging ,The Adult Protective Services and the Department of Human Services Personal Care Home Central Region Office.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Deborah A Light LPN / RHA

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

Deborah A Light LPN / RHA

Date

3-6-2015

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 (Date)

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

DL
 (Initials)

Violation Report: 30227 - 02/17/2015 - Minnich, Ron
 PCH Name: BROOKLINE RETIREMENT VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION

On 12/11/2014, an allegation of abuse was made against Staff Person B regarding Resident #1. The home did not submit a plan of supervision or notice of suspension of the staff person to the Department.

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.

Step 1: The Administrator Shall immediately suspend any staff person if there is an allegation of abuse of a resident served in the home.

Step2: The Administrator shall immediately report suspected abuse to the Juniata/Mifflin Area on Aging the Adult Protective Services and The Department of Human Services Personal Care Regional Office

Step3: The allegation of suspected abuse shall be under full investigation of the Administrator and the Executive Director of the Campus .Any findings of Abuse will result in immediate termination of the employee.

Step4: The Administrator will conduct abuse training and awareness with staff training plan along with the O.A.P.S. yearly + as needed. -DE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Deborah a Light LPN/PCA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Deborah a Light LPN/PCA* Date *3-6-2015*

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The above plan of correction is approved as of 3-24-15
 (Date)

The above plan of correction was approved by DE
 (Initials)

Plan of correction implementation status as of 4-1-15
 (Date)

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

Violation Report: 30227 - 02/17/2015 - Minnich, Ron
 PCH Name: BROOKLINE RETIREMENT VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION
 On 12/11/2104, the home received a report of suspected abuse involving Resident #1. The home did not immediately notify the affected resident or their designated person of the report.

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.

Step1: The Administrator of the home shall immediately report suspected Abuse of a resident served in the home in accordance with the Older Adult Protective Act. And will comply with the requirements regarding restrictions on the staff.

Step2: If there is an allegation of abuse of a resident involving a home staff person .the staff person will be immediately suspended during the investigation of the abuse.

Step3: The Juniata/Mifflin County Area on Aging, Adult Protective Services and The Department of Human Services Personal Home Central Regional office will immediately be notified of the suspected Abuse

Step4: The Administrator will immediately notify the resident and the designated person a report of the suspected abuse or neglect involving the resident.

Continued on Page 5A of 7. - Sz

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Alicia Light LPN/PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alicia Light LPN/PCA</i>	Date <i>3-06-2015</i>
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 (Date)

The above plan of correction was approved by Sz
 (Initials)

Plan of correction implementation status as of 4-1-15
 (Date)

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

Step 5: The Administrator will notify the Primary Care Physician of the suspected abuse and report any findings.

Step 6: A full investigation will be done by the Administrator and the Executive Director of the Campus. If the suspected Abuse Findings are to be true the staff person will immediately be terminated of employment.

Step 7: The Administrator will conduct a abuse training and Awareness with the staff education plan along with the OAPSA yearly + as needed. -EE

EE

Deborah A Light LPN/RCHA
Deborah A Light LPN/RCHA

3-6-15

Violation Report: 30227 - 02/17/2015 - Minnich, Ron
 PCH Name: BROOKLINE RETIREMENT VILLAGE

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

The home knew of suspected abuse of Resident #1 by Staff Person B on 12/11/2014, and did not report it to the Department of Human Services within 24 hours.

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.

Step1: The Administrator shall immediately report suspected abuse of resident served in the home in accordance of the Older Adult Protective Services Act and comply with the requirements regarding restrictions on staff persons.

Step2: If there is an allegation of abuse of a resident involving a home staff person .That staff person will be immediately suspended.

Step3: The Administrator will immediately notify the Juniata/Mifflin Area on Aging Adult Protective Services

Step4: The Administrator will immediately send a reportable incident to the Department of Human Services Central Regional office to report a complaint of resident abuse, suspected resident abuse, or referral of a complaint of resident abuse to local authority.

Step5: The Administrator will conduct a busc training and awareness in accordance with OAPSA.

Step6: The Administrator will conduct quarterly reviews of reported incidents. -2p

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Deborah A. Light LPN/PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Deborah A Light LPN/PCHA* Date *3-6-15*

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 (Date)

The above plan of correction was approved by DL
 (Initials)

Plan of correction implementation status as of 4-1-15
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 30227 - 02/17/2015 - Minnich, Ron
PCH Name: BROOKLINE RETIREMENT VILLAGE

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 2/18/2015, Staff Person C told inspectors that Resident #2 reported that Staff Person B had gripped the resident, pulling him/her out of bed. This action occurred approximately three weeks ago and caused bruising on the resident's right arm which was still visible to inspectors on 2/18/15. Inspectors interviewed Resident #2 who provided a physical description of Staff Person B, as the perpetrator.

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.

Step1: Administrator immediately called staff member B suspended from duty for allegations of abuse .If an allegation of Abuse is reported the employee will be immediately suspended ,Any findings oof Abuse will result in immediate termination.

Step2 :Administrator and Director of Nursing for Brookline Manor went to talk with resident 2. [redacted] provided a physical description of Staff Member B- [redacted] gave the same description of what the suspected abuse that was reported by staff Member C and also what [redacted] had told the inspectors of the Department of Human Services. The Administrator will interview the resident and report findings of the allegation of abuse

Step3:Administrator call Mifflin/Juniata Area on Aging and reported suspected abuse to Adult Protective Services.All allegations of suspected Abuse will be reported immediately to the Juniata/Mifflin Area on Aging

Step4;Administrator sent fax to Primary Care Physician to report suspect abuse and findings .The Administrator will notify the Primary Care Physician of any findings.

Continued on Page 7 A of 7. - SE

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Deborah A. Light LPN / PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Deborah Light LPN / PCHA* Date *3-6-2015*

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(Date)

The above plan of correction was approved by SE
(Initials)

Plan of correction implementation status as of 4-1-15
(Date)

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

Step 5: Administrator Immediately sent Reportable Incident to Department of Human Services Personal Care Regional Office. The Administrator will immediately send a reportable incident to the Department of Human Services Central Region Office.

Step 6: Administrator Called informed t Resident 2 of the suspected abuse and called the designated person. The Administrator will immediately notify the resident and the designated person of the resident of the suspected abuse.

Step 7: A full investigation will be conducted by the Administrator and the Executive Director of the Campus. If the suspected Abuse Findings to be true the staff person will immediately terminated of employment.

Step 8: Staff education on all types of Abuse will be conducted by the Administrator and the Area on Aging in accordance to the Older Adult Protective Act.

GE

Achorah A. Light LPN/PCHA
Achorah A. Light LPN/PCHA

3-6-15